



**RFQ #33501-192001 TECHNICAL RESPONSE
COPY**

**INS Consultants, Inc.
419 South 2nd Street
New Market, Suite 206
Philadelphia, PA 19147**

November 16, 2018

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ATTACHMENT A

TECHNICAL RESPONSE & EVALUATION GUIDE

All Respondents must address all items detailed below and provide, in sequence, the information and documentation as required (referenced with the associated item references). All Respondents must also detail the response page number for each item in the appropriate space below.

The Solicitation Coordinator will review all responses to determine if the Mandatory Requirement Items are addressed as required and mark each with pass or fail. For each item that is not addressed as required, the Evaluation Team must review the responses and attach a written determination. In addition to the Mandatory Requirement Items, the Solicitation Coordinator will review each response for compliance with all RFQ requirements.

Response Page # (Respondent completes)	Item Ref.	Section A— Mandatory Requirement Items	Pass/Fail
		The Technical Response must be delivered to the State no later than the Technical Response Deadline specified in the RFQ § 2, Schedule of Events.	
		The Technical Response must not contain cost or pricing information of any type.	
		The Technical Response must not contain any restrictions of the rights of the State or other qualification of the response.	
		A Respondent must not submit alternate responses.	
		A Respondent must not submit multiple responses in different forms (as a prime and a subcontractor).	
1	A.1.	Provide the Statement of Certifications and Assurances (RFQ Attachment E) completed and signed by an individual empowered to bind the Respondent to the provisions of this RFQ and any resulting contract. The document must be signed without exception or qualification.	
3	A.2.	Provide a statement, based upon reasonable inquiry, of whether the Respondent or any individual who shall perform work under the contract has a possible conflict of interest (e.g., employment by the State of Tennessee) and, if so, the nature of that conflict. NOTE: Any questions of conflict of interest shall be solely within the discretion of the State, and the State reserves the right to cancel any award.	
3	A.3.	Provide a current bank reference indicating that the Respondent's business relationship with the financial institution is in positive standing. Such reference must be written in the form of a standard business letter, signed, and dated within the past three (3) months.	

State Use – RFQ Coordinator Signature, Printed Name & Date:

TECHNICAL RESPONSE & EVALUATION GUIDE

SECTION B: GENERAL QUALIFICATIONS & EXPERIENCE. The Respondent must address all items detailed below and provide, in sequence, the information and documentation as required (referenced with the associated item references). The Respondent must also detail the response page number for each item in the appropriate space below. Evaluation Team members will independently evaluate and assign one score for all responses to Section B—General Qualifications & Experience Items.

RESPONDENT LEGAL ENTITY NAME:		
Response Page # (Respondent completes)	Item Ref.	Section B— General Qualifications & Experience Items
5	B.1.	Detail the name, e-mail address, mailing address, telephone number, and facsimile number of the person the State should contact regarding the response.
5	B.2.	Describe the Respondent's form of business (i.e., individual, sole proprietor, corporation, non-profit corporation, partnership, limited liability company) and business location (physical location or domicile).
5	B.3.	Detail the number of years the Respondent has been in business.
5	B.4.	Briefly describe how long the Respondent has been performing the goods or services required by this RFQ.
6	B.5.	Describe the Respondent's number of employees, client base, and location of offices.
7	B.6.	Provide a statement of whether there have been any mergers, acquisitions, or sales of the Respondent within the last ten (10) years. If so, include an explanation providing relevant details.
7	B.7.	Provide a statement of whether the Respondent or, to the Respondent's knowledge, any of the Respondent's employees, agents, independent contractors, or subcontractors, proposed to provide work on a contract pursuant to this RFQ, have been convicted of, pled guilty to, or pled nolo contendere to any felony. If so, include an explanation providing relevant details.
7	B.8.	Provide a statement of whether, in the last ten (10) years, the Respondent has filed (or had filed against it) any bankruptcy or insolvency proceeding, whether voluntary or involuntary, or undergone the appointment of a receiver, trustee, or assignee for the benefit of creditors. If so, include an explanation providing relevant details.
7	B.9.	<p>Provide a statement of whether there is any material, pending litigation against the Respondent that the Respondent should reasonably believe could adversely affect its ability to meet contract requirements pursuant to this RFQ or is likely to have a material adverse effect on the Respondent's financial condition. If such exists, list each separately, explain the relevant details, and attach the opinion of counsel addressing whether and to what extent it would impair the Respondent's performance in a contract pursuant to this RFQ.</p> <p>NOTE: All persons, agencies, firms, or other entities that provide legal opinions regarding the Respondent must be properly licensed to render such opinions. The State may require the Respondent to submit proof of such licensure detailing the state of licensure and licensure number for each person or entity that renders such opinions.</p>

RESPONDENT LEGAL ENTITY NAME:		
Response Page # (Respondent completes)	Item Ref.	Section B— General Qualifications & Experience Items
7	B.10.	<p>Provide a statement of whether there is any pending or in progress Securities Exchange If such exists, list each separately, explain the relevant details, and attach the opinion of counsel addressing whether and to what extent it will impair the Respondent's performance in a contract pursuant to this RFQ.</p> <p>NOTE: All persons, agencies, firms, or other entities that provide legal opinions regarding the</p>
7	B.11.	Provide a brief, descriptive statement detailing evidence of the Respondent's ability to deliver the goods or services sought under this RFQ (e.g., prior experience, training, certifications, resources, program and quality management systems, etc.).
28	B.12.	Provide a narrative description of the proposed contract team, its members, and organizational structure along with an organizational chart identifying the key people who will be assigned to provide the goods or services required by this RFQ, illustrating the lines of authority, and designating the individual responsible for the completion of each task and deliverable of the RFQ.
29	B.13.	Provide a personnel roster listing the names of key people who the Respondent will assign to perform tasks required by this RFQ along with the estimated number of hours that each individual will devote to the required tasks. Follow the personnel roster with a resume for each of the people listed. The resumes must detail the individual's title, education, current position with the Respondent, and employment history.
48	B.14.	<p>Provide a statement of whether the Respondent intends to use subcontractors to accomplish the work required by this RFQ, and if so, detail:</p> <p>(a) the names of the subcontractors along with the contact person, mailing address, telephone number, and e-mail address for each;</p> <p>(b) a description of the scope and portions of the work each subcontractor will perform; <u>and</u></p> <p>(c) a statement specifying that each proposed subcontractor has expressly assented to being proposed as a subcontractor in the Respondent's response to this RFQ.</p>
48	B.15.	<p>Provide documentation of the Respondent's commitment to diversity as represented by the following:</p> <p>(a) <u>Business Strategy</u>. Provide a description of the Respondent's existing programs and procedures designed to encourage and foster commerce with business enterprises owned by minorities, women, service-disabled veterans, businesses owned by persons with disabilities, and small business enterprises. Please also include a list of the Respondent's certifications as a diversity business, if applicable.</p> <p>(b) <u>Business Relationships</u>. Provide a listing of the Respondent's current contracts with business enterprises owned by minorities, women, service-disabled veterans, businesses owned by persons with disabilities, and small business enterprises. Please include the following information:</p> <p>(i) contract description;</p> <p>(ii) contractor name and ownership characteristics (i.e., ethnicity, gender, service-disabled, disability); and</p> <p>(iii) contractor contact name and telephone number.</p> <p>(c) <u>Estimated Participation</u>. Provide an estimated level of participation by business enterprises owned by minorities, women, service-disabled veterans, businesses owned by persons with disabilities, and small business enterprises if a contract is awarded to the Respondent pursuant to this RFQ. Please include the following information:</p> <p>(i) a percentage (%) indicating the participation estimate. (Express the estimated participation number as a percentage of the total estimated contract value that will</p>

RESPONDENT LEGAL ENTITY NAME:		
Response Page # (Respondent completes)	Item Ref.	Section B— General Qualifications & Experience Items
		<p>be dedicated to business with subcontractors and supply contractors having such ownership characteristics only and DO NOT INCLUDE DOLLAR AMOUNTS);</p> <p>(ii) anticipated goods or services contract descriptions;</p> <p>(iii) names and ownership characteristics (i.e., ethnicity, gender, service-disabled veterans, disability) of anticipated subcontractors and supply contractors.</p> <p>NOTE: In order to claim status as a Diversity Business Enterprise under this contract, businesses must be certified by the Governor's Office of Diversity Business Enterprise (Go-DBE). Please visit the Go-DBE website at https://tn.diversitysoftware.com/FrontEnd/StartCertification.asp?TN=tn&XID=9810 for more information.</p> <p>(d) <u>Workforce</u>. Provide the percentage of the Respondent's total current employees by ethnicity and gender.</p> <p>NOTE: Respondents that demonstrate a commitment to diversity will advance State efforts to expand opportunity to do business with the State as contractors and subcontractors. Response evaluations will recognize the positive qualifications and experience of a Respondent that does business with enterprises owned by minorities, women, service-disabled veterans, businesses owned by persons with disabilities, and small business enterprises and who offer a diverse workforce.</p>
51	B.16.	<p>Provide a statement of whether or not the Respondent has any current contracts with the State of Tennessee or has completed any contracts with the State of Tennessee within the previous five-year period. If so, provide the following information for all current and completed contracts:</p> <p>(a) the name, title, telephone number and e-mail address of the State contact responsible for the contract at issue;</p> <p>(b) the name of the procuring State agency;</p> <p>(c) a brief description of the contract's specification for goods or scope of services;</p> <p>(d) the contract term; and</p> <p>(e) the contract number.</p> <p>NOTES:</p> <ul style="list-style-type: none"> Current or prior contracts with the State are <u>not</u> a prerequisite and are <u>not</u> required for the maximum evaluation score, and the existence of such contracts with the State will <u>not</u> automatically result in the addition or deduction of evaluation points. Each evaluator will generally consider the results of inquiries by the State regarding all contracts responsive to Section B.16 of this RFQ.
51	B.17.	<p>Provide customer references from individuals who are <u>not</u> current or former State employees for projects similar to the goods or services sought under this RFQ and which represent:</p> <ul style="list-style-type: none"> two (2) accounts Respondent currently services that are similar in size to the State; <u>and</u> three (3) completed projects. <p>References from at least three (3) different individuals are required to satisfy the requirements above, e.g., an individual may provide a reference about a completed project and another reference about a currently serviced account. The standard reference questionnaire, which <u>must</u> be used and completed is provided at RFQ Attachment F. References that are not completed as required may be deemed nonresponsive and may not be considered.</p> <p>The Respondent will be <u>solely</u> responsible for obtaining fully completed reference questionnaires and including them in the sealed Technical Response. In order to obtain and submit the completed reference questionnaires, follow the process below:</p> <p>(a) Add the Respondent's name to the standard reference questionnaire at Attachment F,</p>

RESPONDENT LEGAL ENTITY NAME:		
Response Page # (Respondent completes)	Item Ref.	Section B— General Qualifications & Experience Items
		<p>and make a copy for each reference.</p> <p>(b) Send a reference questionnaire and a new, standard #10 envelope to each reference.</p> <p>(c) Instruct the reference to:</p> <ul style="list-style-type: none"> (i) complete the reference questionnaire; (ii) sign <u>and</u> date the completed reference questionnaire; (iii) seal the completed, signed, and dated reference questionnaire within the envelope provided; (iv) sign his or her name in ink across the sealed portion of the envelope; and (v) return the sealed envelope directly to the Respondent (the Respondent may wish to give each reference a deadline, such that the Respondent will be able to collect all required references in time to include them within the sealed Technical Response). <p>(d) <u>Do NOT open the sealed references upon receipt.</u></p> <p>(e) Enclose all <u>sealed</u> reference envelopes within a larger, labeled envelope for inclusion in the Technical Response as required.</p> <p>NOTES:</p> <ul style="list-style-type: none"> ▪ The State will not accept late references or references submitted by any means other than that which is described above, and each reference questionnaire submitted must be completed as required. ▪ The State will not review more than the number of required references indicated above. ▪ While the State will base its reference check on the contents of the sealed reference envelopes included in the Technical Response package, the State reserves the right to confirm and clarify information detailed in the completed reference questionnaires, and may consider clarification responses in the evaluation of references. ▪ The State is under <u>no</u> obligation to clarify any reference information.
51	B.18.	<p>Provide a statement and any relevant details addressing whether the Respondent is any of the following:</p> <ul style="list-style-type: none"> (a) is presently debarred, suspended, proposed for debarment, or voluntarily excluded from covered transactions by any federal or state department or agency; (b) has within the past three (3) years, been convicted of, or had a civil judgment rendered against the contracting party from commission of fraud, or a criminal offense in connection with obtaining, attempting to obtain, or performing a public (federal, state, or local) transaction or grant under a public transaction; violation of federal or state antitrust statutes or commission of embezzlement, theft, forgery, bribery, falsification or destruction of records, making false statements, or receiving stolen property; (c) is presently indicted or otherwise criminally or civilly charged by a government entity (federal, state, or local) with commission of any of the offenses detailed above; and <ul style="list-style-type: none"> ▪ has within a three (3) year period preceding the contract had one or more public transactions (federal, state, or local) terminated for cause or default.
SCORE (for all Section B— Qualifications & Experience Items above): (maximum possible)		

RESPONDENT LEGAL ENTITY NAME:		
		Section B— General Qualifications & Experience Items

State Use – Evaluator Identification:

TECHNICAL RESPONSE & EVALUATION GUIDE

SECTION C: TECHNICAL QUALIFICATIONS, EXPERIENCE & APPROACH. The Respondent should explain its approach to providing goods or services to the State. The items listed below represent specific questions the State would request you answer in your response. For ease of review, please annotate your explanation so that it contains references to the items listed below where they are addressed. Respondent should not feel constrained to answer only the specific questions listed below in its explanation and should feel free to provide attachments if necessary in an effort to provide a more thorough response.

The Evaluation Team, made up of three (3) or more State employees, will independently evaluate and score the response to each item. Each evaluator will use the following whole number, raw point scale for scoring each item:

0 = little value 1 = poor 2 = fair 3 = satisfactory 4 = good 5 = excellent

The Solicitation Coordinator will multiply the Item Score by the associated Evaluation Factor (indicating the relative emphasis of the item in the overall evaluation). The resulting product will be the item's raw, weighted score for purposes of calculating the section scores as indicated.

RESPONDENT LEGAL ENTITY NAME:					
Response Page # (Respondent completes)	Item Ref.	Section C— Technical Qualifications, Experience & Approach Items	Item Score	Evaluation Factor	Raw Weighted Score
52	C.1.	Provide a narrative that illustrates the Respondent's understanding of the State's requirements and project schedule.		1	
62	C.2.	Provide a narrative that illustrates how the Respondent will complete the delivery of goods or scope of services, accomplish required objectives, and meet the State's project schedule.		1	
64	C.3.	Provide a narrative that illustrates how the Respondent will manage the project, ensure delivery of specified goods or completion of the scope of services, and accomplish required objectives within the State's project schedule.		1	
<i>The Solicitation Coordinator will use this sum and the formula below to calculate the section score. All calculations will use and result in numbers rounded to two (2) places to the right of the decimal point.</i>					Total Raw Weighted Score: <i>(sum of Raw Weighted Scores above)</i>
Total Raw Weighted Score Maximum Possible Raw Weighted Score <i>(i.e., 5 x the sum of item weights above)</i>			X 40 <i>(maximum possible score)</i>		= SCORE:
<i>State Use – Evaluator Identification:</i>					
<i>State Use – Solicitation Coordinator Signature, Printed Name & Date:</i>					

Section A – Mandatory Requirement Items

A1. The completed Statement of Certifications and Assurances follows:

STATEMENT OF CERTIFICATIONS AND ASSURANCES

An individual responding in his or her individual capacity or legally empowered to contractually bind the Respondent must complete and sign the Statement of Certifications and Assurances below as required, and this signed statement must be included with the response as required by the Request for Qualifications.

The Respondent does, hereby, expressly affirm, declare, confirm, certify, and assure ALL of the following:

- (a) The Respondent will comply with all of the provisions and requirements of the RFQ.
- (b) The Respondent will provide all specified goods or services as required by the contract awarded pursuant to this RFQ.
- (c) The Respondent accepts and agrees to all terms and conditions set out in the contract awarded pursuant to this RFQ.
- (d) The Respondent acknowledges and agrees that a contract resulting from the RFQ shall incorporate, by reference, all Response responses as a part of the contract.
- (e) The Respondent will comply, as applicable, with:
 - the laws of the State of Tennessee;
 - Title VI of the federal Civil Rights Act of 1964;
 - Title IX of the federal Education Amendments Act of 1972;
 - the Equal Employment Opportunity Act and the regulations issued there under by the federal government; and,
 - the Americans with Disabilities Act of 1990 and the regulations issued there under by the federal government.
- (f) To the best of the undersigned's knowledge, information or belief, the information detailed within the Response to the RFQ is accurate.
- (g) The Response submitted to the RFQ was independently prepared, without collusion, and under penalty of perjury.
- (h) No amount shall be paid directly or indirectly to an employee or official of the State of Tennessee as wages, compensation, or gifts in exchange for acting as an officer, agent, employee, subcontractor, or consultant to the Respondent in connection with the request or any potential resulting contract.
- (i) The Response submitted in response to the RFQ shall remain valid for at least 120 days subsequent to the date of the Response opening and thereafter in accordance with any contract pursuant to the RFQ.
- (j) The Respondent affirms the following statement, as required by the Iran Divestment Act Tenn. Code Ann. § 12- 12-111: "By submission of this bid, each bidder and each person signing on behalf of any bidder certifies, and in the case of a joint bid each party thereto certifies as to its own organization, under penalty of perjury, that to the best of its knowledge and belief that each bidder is not on the list created pursuant to § 12-12-106." For reference purposes, the list is currently available online at: <https://www.tn.gov/generalservices/procurement/central-procurement-office--cpo-/library-/public-information- library.html>.

By signature below, the signatory certifies legal authority to bind the responding entity to the provisions of this request and any contract awarded pursuant to it. The State may, at its sole discretion and at any time, require evidence documenting the signatory's authority to be personally bound or to legally bind the responding entity.

DO NOT SIGN THIS DOCUMENT IF YOU ARE NOT LEGALLY AUTHORIZED TO DO SO BY THE ENTITY RESPONDING TO THIS RFQ.

SIGNATURE & DATE:



11/16/2018

PRINTED NAME & TITLE:

Alan E. Shaw, ASA, MAAA, President

LEGAL ENTITY NAME

INS Consultants, Inc.

:

A2. INS Consultants, Inc.'s (INS) clients consist exclusively of insurance regulatory agencies. Therefore, there are no conflicts of interest or potential conflicts of interest with the insurance industry regarding any assignment undertaken or services provided.

A3. A current bank reference has been provided on the following page.



October 30, 2018

To: Mike Bentheimer
Central Procurement Office
312 Rosa L. Parks Avenue, 3rd Floor
Nashville, Tennessee 37243

INS Consultants has had a banking relationship with Wells Fargo since 1988. INS Consultants is in good standing with Wells Fargo Bank.

Sincerely,

A handwritten signature in blue ink, appearing to read "Duane", followed by a long horizontal flourish.

Duane Lacsamana
Vice President
Senior Relationship Manager
Wells Fargo Bank



Section B – General Qualifications & Experience Items

- B1. Alan E. Shaw, ASA, MAAA
President
INS Consultants, Inc. (INS)
419 S. 2nd Street
New Market, Suite 206
Philadelphia, PA 19147
Telephone: (215) 625-9877
Facsimile: (215) 625-4926
Email: AShaw@insconsultants.org
- B2. INS is a corporation with offices located in Philadelphia, PA:

INS Consultants, Inc.
419 S. 2nd Street
New Market, Suite 206
Philadelphia, PA 19147
- B3. INS was incorporated on June 24, 1987 in Delaware, and has been in business for over thirty years.
- B4. INS and its related companies, INS Regulatory Insurance Services, Inc., INS Services, Inc., and INSRIS-PR, LLC (collectively The INS Companies) are a regulatory consulting group consisting of a large, highly qualified and mobile national network of over one hundred fifty (150) regulatory professionals who have been exclusively assisting insurance regulators throughout the United States and its territories since our founding in 1987. INS primarily provides accident & health rate filing reviews, health actuarial consulting, life/health and property/casualty actuarial examinations and support for financial examinations, rate and captive filing reviews, and rehabilitation/liquidation support services. INS Regulatory Insurance Services, Inc. primarily performs risk focused surveillance financial examinations, market conduct examinations, and market analysis services. INS Services, Inc., our information technology company, provides CISA and AES credentialed IT specialists, as well as EDP audit specialists (ACL) for financial examinations. INS was created specifically to assist insurance regulators in fulfilling their responsibilities in the most efficient and cost-effective manner possible without any conflicts of interest regarding any assignment undertaken or services provided.

The INS Companies have long and varied roots in state insurance regulation, and have provided actuarial consulting services to over forty state insurance departments. INS Consultants, Inc. was established on July 1, 1987. As for our related companies, InsRis was established on April 28, 1999, and INS Services, Inc. was established on March 17, 1998. We have been providing rate reviews for regulatory agencies since our inception in 1987. We are one of the largest providers of regulator-only actuarial support services,

and the first of its kind. INS is well-known, well-established, and well-respected within the insurance regulation community.

INS is the current contractor providing “Actuarial Services for Life, Health and Accident Insurance” for the State of Tennessee Department of Commerce and Insurance (TDCI). We have been performing rate reviews for the TDCI since January, 2012.

- B5. INS Consultants, Inc. currently has twenty-eight (28) employees including sixteen (16) qualified, credentialed life/health actuaries. Our offices are located in Philadelphia, PA. Our clients consist exclusively of insurance regulatory agencies. Therefore, there are no conflicts of interest or potential conflicts of interest with the insurance industry regarding any assignment undertaken or services provided. INS and its related companies have performed regulatory services for the following agencies:

- ❖ Alaska Division of Insurance
- ❖ Alabama Department of Insurance
- ❖ Arkansas Insurance Department
- ❖ California Department of Insurance
- ❖ Colorado Division of Insurance
- ❖ Connecticut Insurance Department
- ❖ Delaware Department of Insurance
- ❖ District of Columbia Department of Insurance, Securities and Banking
- ❖ Florida Office of Insurance Regulation
- ❖ Government of Guam Department of Revenue and Taxation
- ❖ Hawaii Department of Commerce and Consumer Affairs
- ❖ Illinois Department of Insurance
- ❖ Indiana Department of Insurance
- ❖ Iowa Insurance Division
- ❖ Louisiana Department of Insurance
- ❖ Maine Bureau of Insurance
- ❖ Maryland Insurance Administration
- ❖ Massachusetts Division of Insurance
- ❖ Michigan Department of Insurance and Financial Services
- ❖ Minnesota Department of Commerce
- ❖ Mississippi Insurance Department
- ❖ Missouri Department of Insurance
- ❖ Montana Office of the Commissioner of Securities and Insurance
- ❖ Nebraska Department of Insurance
- ❖ Nevada Division of Insurance
- ❖ New Hampshire Insurance Department
- ❖ New Jersey Department of Banking and Insurance
- ❖ New Mexico Department of Insurance
- ❖ New York State Department of Financial and Insurance Services
- ❖ North Carolina Department of Insurance
- ❖ North Dakota Department of Insurance
- ❖ Ohio Department of Insurance

- ❖ Pennsylvania Insurance Department
- ❖ Office of the Commissioner of Insurance of Puerto Rico
- ❖ Rhode Island Insurance Division
- ❖ South Carolina Department of Insurance
- ❖ South Dakota Division of Insurance
- ❖ Tennessee Department of Commerce and Insurance
- ❖ Texas Department of Insurance
- ❖ Utah Insurance Department
- ❖ Virginia Bureau of Insurance
- ❖ Vermont Department of Financial Regulation
- ❖ Washington Office of the Insurance Commissioner
- ❖ West Virginia Offices of the Insurance Commissioner
- ❖ Wisconsin Office of the Insurance Commissioner
- ❖ Wyoming Insurance Department

- B6. The INS Companies have not been involved in any mergers, acquisitions, or sales within the last ten years.
- B7. Neither INS, nor any of its related companies, employees, agents, independent contractors or subcontractors proposed to provide work to the Tennessee Department of Commerce and Insurance under any contract awarded pursuant to RFQ #33501-192001 have been convicted of, pled guilty to, or pled *nolo contendere* to any felony.
- B8. INS and its related companies have not ever filed (or had filed against them) any bankruptcy or insolvency proceeding.
- B9. INS and its related companies are not currently, and never have been, the subject of any material, pending litigation.
- B10. There are no pending or in-progress Securities Exchange Commission investigations involving INS or its related companies.
- B11. INS has been providing accident and health insurance rate filing actuarial services to insurance departments since 1987. INS has significant knowledge of relevant federal and state laws pertaining to health insurance and health care reform, as we have reviewed numerous rate filings that were updated for provisions of the Patient Protection and Affordable Care Act (ACA). We are totally familiar with the National Association of Insurance Commissioners (NAIC) guidelines and requirements, statutory accounting policies and procedures, insurance market and insurance laws and statutes, and also the American Academy of Actuaries' Actuarial Standards of Practice. INS' life and health actuarial division has sixteen (16) life and health actuaries who are members of both the Society of Actuaries and the American Academy of Actuaries. They all have extensive and diversified backgrounds in the insurance industry and insurance regulation. INS' actuaries regularly attend meetings of the Society of Actuaries, the American Academy of Actuaries, and other related functions, such as meetings of the NAIC Life and Health

Actuarial Task Force and the annual Society of Actuaries' Valuation Actuary Symposium.

INS has performed thousands of rate filing reviews for numerous regulatory agencies. Our current regulatory partners for rate filing reviews are Tennessee, Arizona, California, Delaware, Iowa, Kentucky, Maine, Massachusetts, Michigan, Nevada, North Dakota, Ohio, South Dakota, West Virginia, and Wisconsin. Additionally, INS has partnered with Pennsylvania, Guam, Hawaii, Nebraska, and Vermont to assist with ACA and/or rate reviews. Our actuaries review and analyze rate filings for all product lines and our staff is exceedingly knowledgeable of all types of products. The reviews performed include filings for profit as well as not-for-profit issuers for individual, association, small group, and large group products. These include life, annuity, major medical, long term care, short term care, Medicare supplement, long term disability, short term disability, critical illness/cancer/specified disease, dental, stop loss, credit life, accidental death & dismemberment, and accident only. INS performs all rate reviews for life, health and annuity products and all actuarial services for the Delaware Department of Insurance. INS has been assisting Delaware since 1987 and has long-term relationships with a number of other states.

INS has partnered with the TDCI since 2012, providing accident and health rate filing support for new products and rate revisions. INS provides accident and health rate filing reviews for individual medical, small group medical, large group medical products and all other accident and health products. INS has completed 1,390 rate filing reviews for the TDCI. INS has also reviewed more than 300 medical and dental ACA filings for the TDCI. In addition, we represented the TDCI as part of the Tennessee Health Insurance Exchange Technical Advisory Group relating to the "3Rs" (reinsurance, risk corridor and risk adjustment).

INS has provided actuarial reviews of health rate filings for the following states:

<u>Client</u>	<u>Types of Filing Reviews</u>
AL Department of Insurance	Individual and small group medical
AR Insurance Department	Long term care and medical
AZ Department of Insurance	Long term care
CA Department of Insurance	Long term care
DE Insurance Department	All health, life and annuity, including long term care, Medicare supplement
GU Department of Revenue and Taxation	Small group medical
HI Department of Commerce and Consumer Affairs, Insurance Division	Individual, small group and large group medical
IA Insurance Division	Long term care, individual and small group medical
KY Department of Insurance	Individual, small group and large group medical
MA Insurance Division	Long term care and medical
ME Bureau of Insurance	Long term care
MI Department of Insurance and Financial Services	Long term care, Medicare supplement, credit, HMO, commercial medical, stop loss
MN Department of Commerce	Life and annuity
NE Department of Insurance	Individual, small group and large group medical

NV Division of Insurance	Individual, small group and large group medical and long term care
ND Insurance Department	All health, including long term care, Medicare supplement
OH Department of Insurance	Individual, small group and large group medical, long term care
PA Insurance Department	Individual medical, small group medical, student health insurance, and dental
SD Division of Insurance	Long term care and Medicare supplement
TN Department of Commerce and Insurance	All health, including long term care, Medicare supplement
VT Department of Financial Regulation	Medicare supplement
WI Office of the Commissioner of Insurance	Long term care, Medicare supplement, medical
WV Offices of the Insurance Commissioner	Individual, small group and large group medical, and long term care

INS' relationship with the TDCI is an open, and trusting regulatory partnership. Besides the usual day to day discussions about rate filings, the TDCI's Director of the Policy Analysis Section and the Assistant Commissioner have contacted the INS team on numerous occasions whenever there is a pressing issue that needs immediate attention. INS has responded at a moment's notice using our wealth of expertise to help solve the problem. For example, INS was asked the following question by the TDCI's Director of the Policy Analysis Section, "If the Federal Government decides to reverse their current stance and fund CSR payments for 2018, the Commissioner would like to know what the average rate increase would be for "XYZ Companies" if the CSR load was removed from their rate filing." INS provided the in-depth analysis needed to answer the question on a timely basis. Another example is when CMS was visiting the TDCI in September, 2018; the Director of the Policy Analysis Section asked if INS could attend the meeting at the TDCI and provide input on the ACA rate/form review processes, which INS gladly supported. Similarly, after being contacted by an insurer, the Assistant Commissioner needed analysis and charts to compare 2019 ACA subsidies for Tennessee companies across all rating areas. INS provided the information and analysis needed to answer the question on a timely basis. INS is also very proactive in our efforts to protect the interests of the TDCI. In July, 2018, INS informed the TDCI that there was a mistake by CMS in the calculation of the 2017 risk adjustment payments for Tennessee. The Director of Policy Analysis Section agreed and informed CMS about the error. These are but a few recent examples of the open communication and service which INS provides to Tennessee as well as all of our regulatory partners, who do not hesitate to ask us, whenever they have an important problem to solve.

INS has extensive experience with the review and analysis of proposed legislation for a number of insurance departments, including the TDCI, the Delaware Department of Insurance, the Ohio Department of Insurance, the Iowa Insurance Division, the Pennsylvania Insurance Department, the Nebraska Department of Insurance, the North Dakota Insurance Department, and the West Virginia Insurance Department. INS continually monitors, reviews, and analyzes proposed and current NAIC model regulations and federal and state legislation, and has done so for all our regulatory partners. This includes drafting suggested wording to the appropriate insurance code,

regulations, and bulletins, which we have done for the Delaware Department of Insurance on numerous occasions, particularly in regards to ACA issues and required loss ratio language. INS also supports various insurance departments by providing training and guidance necessary to understand regulations and tests designed to verify company compliance. INS assists our regulatory partners by reviewing specific cases concerning problematic compliance issues. In addition to new legislation, INS also provides interpretation of existing statutes. INS will be available for attendance and testimony at public and legislative hearings, similar to INS' current role with the TDCI and other state insurance department clients. INS is prepared to assist the TDCI in all of these areas.

INS routinely and consistently provides training for our regulatory partners, and has conducted seminars for life, accident and health, and annuity products. INS has trained regulators in areas such as the ACA, long term care insurance, and credit insurance. INS' actuaries are extremely familiar with the ACA, having assisted a number of insurance departments in the implementation of effective rate review programs for health care reform, as well as reviewing and analyzing ACA filings, and writing papers and reports to help our regulatory partners better understand the details and intricacies of the ACA regulations. Additional examples of INS' ability to provide health insurance training which meet the specific needs of our regulatory partners are described below.

The Nevada Division of Insurance (NDOI) sent one of their health actuaries to INS' offices in Philadelphia for a two-day intensive training session on the review of Affordable Care Act (ACA) individual and small group medical rate filings. This training session helped the NDOI actuary better understand the intricacies of the ACA rate review process and to build a strong foundation for his review of ACA medical rate filings.

On January 29, 2018, INS provided a full-day long term care rate filing review process training seminar for the Ohio Department of Insurance (OID). The purpose of the training seminar was to teach the actuarial analysts (mostly actuarial students) all aspects of reviewing long term care rate filings. The training seminar was very successful as the OID's actuarial analysts took over the review of long term care filings one week after the seminar. Currently, INS continues to mentor the OID's actuarial analysts and answer their questions. INS also provided a long term care seminar for the Maine Bureau of Insurance.

INS provided a full-day training seminar on all aspects of ACA for the Michigan Department of Insurance and Financial Services (DIFS). INS also provided half-day training seminars for the DIFS on long term care insurance and credit insurance.

For the Delaware Department of Insurance, INS performed training seminars on long term care insurance and all aspects of the ACA. We also did the same training for the West Virginia Offices of the Insurance Commissioner.

INS has strong professional standards and a reputation for quality. INS has been serving insurance regulators, and regulators exclusively, since 1987. As a firm, INS has

completed literally thousands of regulatory projects for the vast majority of the fifty state insurance departments as well as Puerto Rico, Guam and the Internal Revenue Service. Our entire firm and history have been devoted to insurance regulatory compliance and examinations. Regulatory rate filing reviews, compliance, and examinations are what we do. INS has separate, yet integrated actuarial, market conduct and financial examination divisions dedicated to assisting state regulators with their actuarial, market conduct and financial examination needs. All divisions and service areas utilize technology and subject matter experts with the background and experience to evaluate and resolve any technical insurance or regulatory insurance issues that may arise. Our actuaries have conducted ACA related rate reviews and analysis and utilize the NAIC SERFF system on a regular basis. At any given time, we are aware of the major federal, state, and NAIC activities and legislation that impact the regulatory insurance industry and we are prepared to assist and guide our clients to meet their objectives with technical expertise, professional support and outstanding customer service and responsiveness.

INS has performed thousands of rate filing reviews. For these sundry assignments we have worked with various state insurance department personnel and dealt with numerous insurance company employees. Our reputation of treating everyone in a professional manner and always meeting deadlines has been earned through INS' years of excellence as a regulatory consulting firm. Each state insurance department has their own time tables and statutory requirements. Our commitment has always been to know the regulations and laws of the regulatory agencies we work for and to meet all deadlines.

Every project we complete includes aggressive timelines and requires effective communication and coordination with insurance department staff as well as insurance company personnel. Periodic coordination is often required to keep the project moving and to avoid duplication of efforts. Periodic status reports are provided, and meetings are conducted via conference call, or if requested, on-site. All of our projects have pre-established timelines and budgets and our actuaries are held accountable for project completion within timeframes and budgets. Weekly internal status reports and individual performance evaluations are utilized on every project.

With regard to rate review experience, INS' actuaries have the technical actuarial knowledge and business acumen to understand each issuer's request, analyze the supporting filing materials, ensure all federal and Tennessee requirements are met, and properly communicate results of the review to the TDCI within 30 days of receiving the filing.

In the following pages, INS has included proof of credentials and certifications for the assigned actuaries.

The Actuarial Directory

Frank G Edwards Jr.

ASA MAAA

Vice President & Chief Life/Health Actuary

INS Consultants Inc

New Market Suite 206
419 South Second Street
Philadelphia
Pennsylvania 19147-1613
United States

Email fedwards@insconsultants.org

Fax +1(215) 6277104

Tel +1(267)239-8918

FE



Designations

ASA 1988

MAAA 1989

SOA CPD attestation status

Compliant(2016-2017)

Academic degrees

B.A.

Industry

Consulting

The Actuarial Directory

Arthur M Lucker

FSA MAAA

Actuary

INS Consultants Inc

New Market Suite 206
419 South Second Street
Philadelphia
Pennsylvania 19147-1613
United States

Email ALucker@insconsultants.org

Fax +1(215) 6277104

Tel +1(267)239-8917



Designations

MAAA 1980

FSA 2008

SOA CPD attestation status

Compliant(2016-2017)

Academic degrees

B.A.

Industry

Consulting

Primary area of practice

Health

Specializations

Employee Health Benefits

Financial Reporting

Life Insurance

Long Term Care Insurance

Regulatory

Society of Actuaries Sections

Financial Reporting

Health

Long Term Care Insurance

Product Development

Reinsurance

The Actuarial Directory

Joseph P Brennan Jr.

FSA MAAA

Life & Health Actuary

INS Consultants Inc.

New Market Suite 206
419 South Second Street
Philadelphia
Pennsylvania 19147-1613
United States

Email jbrennan@insconsultants.org

Fax +1(215) 6277104

Tel +1(267)239-8905



Designations

MAAA 1979

FSA 1986

SOA CPD attestation status

Compliant(2016-2017)

Academic degrees

B.S.

Industry

Consulting

Primary area of practice

Health

Specializations

Academic/Education

Financial Reporting

Investments

Life Insurance

Long Term Care Insurance

Marketing

Product Pricing/Development

Regulatory

Reinsurance

Risk Management

Society of Actuaries Sections

Actuary of the Future

Financial Reporting

Health

Long Term Care Insurance

Product Development

The Actuarial Directory

Gary B Rosen

FSA MAAA

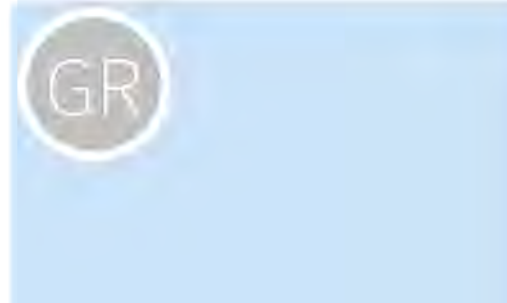
Consulting Actuary

INS Consultants Inc

New Market Suite 206
419 South Second Street
Philadelphia
Pennsylvania 19147-1613
United States

Email grozen@insconsultants.org

Tel +1(267)239-8957



Designations

FSA 1980
MAAA 1981

SOA CPD attestation status

Compliant(2016-2017)

Academic degrees

M.A.S.
B.S.

Industry

Consulting

Primary area of practice

Health

Specializations

Health Insurance - Commercial

Life Insurance

Long Term Care Insurance

Regulatory

Society of Actuaries Sections

Financial Reporting

Health

Long Term Care Insurance

The Actuarial Directory

Mark Golab

FSA MAAA

3753 East State Street Ext
Mercerville
New Jersey 08619
United States

Email mark.golab@hotmail.com
Fax +1(609) 5864599
Tel +1(609)586-4599



Designations

FSA 1980
MAAA 1980

SOA CPD attestation status

Compliant(2016-2017)
Retired(2017-2018)

Academic degrees

B.A.

Industry

Retired

Society of Actuaries Sections

Health
Reinsurance

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The Actuarial Directory

James A Kuklinski

ASA MAAA

2418 Merwood Lane
Havertown
Pennsylvania 19083
United States

Email kukmcm5@aol.com

Tel +1(484)557-1950



Designations

ASA 1978
MAAA 1980

SOA CPD attestation status

Compliant(2016-2017)

Academic degrees

M.A.
B.A.

Industry

Consulting

Primary area of practice

Other

Specializations

Financial Reporting
Reinsurance

Society of Actuaries Sections

Health

The Actuarial Directory

Michael W Fedyna

FSA MAAA

Health Actuarial Consultant

INS Consultants Inc

New Market Suite 206
419 South Second Street
Philadelphia
Pennsylvania 19147-1613
United States

Tel +1(267)342-5070



Designations

FSA 1976
MAAA 1978

SOA CPD attestation status

Compliant(2016-2017)

Academic degrees

B.S.

Industry

Healthcare: Health Insurance

Primary area of practice

Health

Specializations

Capital Management

Financial Reporting

Life Insurance

Property Insurance

Reinsurance

Society of Actuaries Sections

Health

The Actuarial Directory

Rory S Mosko

ASA MAAA
Consultant

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Pennsylvania 19147-1613
United States

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Fax +1(215) 9286035

Tel +1(267)278-0188



Designations

ASA 1979
MAAA 1990

SOA CPD attestation status

In Reporting Period(2017-2018)
Non-compliant(2016-2017)

Academic degrees

B.A.

Industry

Insurance

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The Actuarial Directory

Mary Ellen Soul

FSA MAAA

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42 Kemah Mecca Lake Road
Newton
New Jersey 07860
United States

Email mesoul@outlook.com

Tel [+1\(973\)948-2874](tel:+19739482874)



Designations

FSA 1981
MAAA 1983

SOA CPD attestation status

Compliant(2016-2017)

Academic degrees

M.S.

Industry

Consulting

Primary area of practice

Health

Specializations

Product Pricing/Development

Society of Actuaries Sections

Financial Reporting

Health

Joint Risk Management (SOA - CAS - CIA)

Long Term Care Insurance

The Actuarial Directory

Jianli Wang

FSA MAAA

Actuary

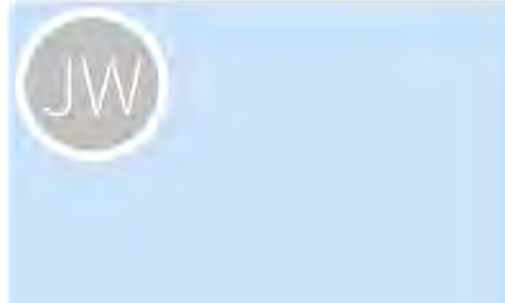
INS Consultants Inc

New Market Suite 206
419 South Second Street
Philadelphia
Pennsylvania 19147-1613
United States

Email jennywang2004@gmail.com

Email jwang@insconsultants.org

Tel +1(214)725-9901



Designations

MAAA 2007

FSA 2009

SOA CPD attestation status

Compliant(2016-2017)

Academic degrees

M.S.

Industry

Insurance

Primary area of practice

Health

Society of Actuaries Sections

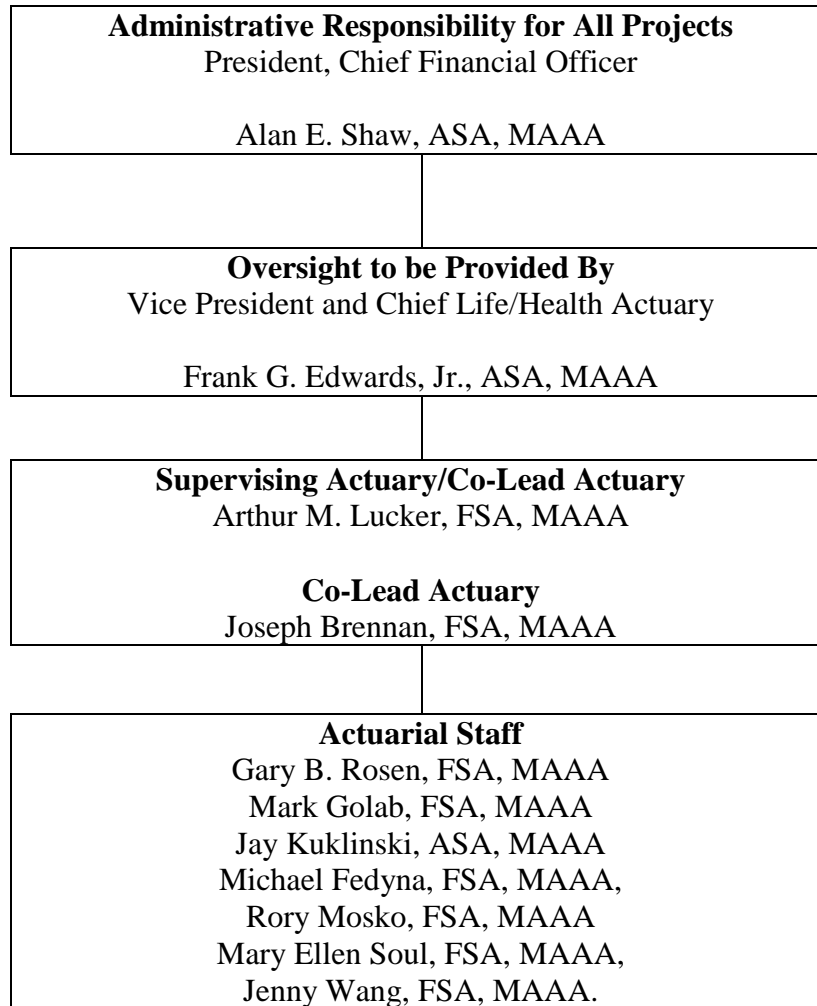
Health

- B12. Alan E. Shaw, ASA, MAAA, President and CFO, has administrative responsibility for all projects undertaken by INS. Arthur Lucker, FSA, MAAA, is the supervising actuary for all rate filing reviews performed by INS actuaries. Arthur Lucker, FSA, MAAA, and Joseph Brennan, FSA, MAAA, will be the co-lead actuaries for this project. The reviews include both rate increase filings and initial rate filings. Frank G. Edwards, Jr., ASA, MAAA, Vice President and Chief Life/Health Actuary will work closely with the co-lead actuaries to ensure timely and satisfactory completion of all projects.

INS' approach to any assignment is to provide experienced actuarial staff that meets the requirements of the assignment. Our actuaries have many years of relevant health and accident experience, and have worked on numerous rate filings, gaining the experience and technical knowledge to perform all facets of the review. Services will be performed at the offices of the TDCI or at the discretion of the State, other offices specified by the Director. This will ensure that all rate filings and TDCI requests are completed in accordance with the TDCI time and cost constraints. In the unlikely event that our co-lead actuaries are unavailable to visit the TDCI, an assistant lead actuary will be assigned to work on the project and take over the lead actuary's duties reviewing the rate filing. Each on-site actuary will also ensure that the high quality standards and objectives mentioned above are consistently met for each rate filing. It is understood that some services may be performed at INS' offices. Individual filings may be assigned to staff actuaries, depending upon availability and workload. All findings and conclusions will be approved by the supervising actuary. Each project will be peer reviewed. All of our actuaries have extensive experience with SERFF, and have performed numerous health rate filing reviews for our various clients.

All health and accident insurance actuarial services will be provided by Arthur M. Lucker, FSA, MAAA; Frank G. Edwards, Jr., ASA, MAAA; Joseph P. Brennan, FSA, MAAA; Gary B. Rosen, FSA, MAAA; Mark Golab, FSA, MAAA; Jay Kuklinski, ASA, MAAA; Michael Fedyna, FSA, MAAA; Rory Mosko, ASA, MAAA; Mary Ellen Soul, FSA, MAAA; and Jenny Wang, FSA, MAAA.

Below is an organizational chart illustrating the key personnel to be assigned to the work required in the RFQ. The chart illustrates the lines of authority and designates the individual responsible for the completion of the service components required.



B13. Following is the roster of personnel and the estimated number of hours each individual will devote to the performance of the work required under RFQ #33501-192001:

Frank G. Edwards, Jr., ASA, MAAA	1%
Arthur M. Lucker, FSA, MAAA	25%
Joseph P. Brennan, FSA, MAAA	25%
Gary B. Rosen, FSA, MAAA	10%
Mark Golab, FSA, MAAA	10%
Jay Kuklinski, ASA, MAAA	10%
Michael Fedyna, FSA, MAAA,	4%
Rory Mosko, FSA, MAAA	1%
Mary Ellen Soul, FSA, MAAA,	7%
Jenny Wang, FSA, MAAA	7%

Based upon similar projects, the above percentage breakdown reflects the approximate time each of our actuaries will spend on the TDCI's projects. All of INS' actuaries are able to perform the required work and will be available to complete projects in a timely manner.

In the following pages please find personnel summaries followed by resumes for the above INS key personnel.

Alan E. Shaw, ASA, MAAA

Alan E. Shaw, President of INS, is a life/health insurance actuary. He is a former Chief Actuary of the Bureau of Examinations of the Pennsylvania Insurance Department. Alan has advised in the actuarial phases of financial examinations for various regulatory agencies. He has considerable experience as an advisor to regulators in the review and analysis of the financial and economic condition of troubled companies. He also has provided advice and assistance in the actuarial phases of tax audits of major life and health insurance companies conducted by the Internal Revenue Service and in the resolution of tax matters for the Department of Justice. Currently, Mr. Shaw has administrative responsibility for all projects undertaken by INS, InsRis and INSRIS-PR, LLC.

Frank G. Edwards, Jr., ASA, MAAA

Mr. Edwards, Vice President and Chief Life and Health Actuary, began his actuarial career in 1981, and has been assisting regulators since 1994. Mr. Edwards manages and supervises numerous regulatory projects, and oversees all life and health actuarial projects. He has managed and/or provided peer review on hundreds of actuarial examinations. Mr. Edwards has assisted financial examiners by providing actuarial services in the following jurisdictions: Arkansas, Connecticut, Delaware, the District of Columbia, Guam, Illinois, Iowa, Maine, Michigan, Minnesota, Mississippi, New Hampshire, New Mexico, Puerto Rico, Utah, Vermont, and Wisconsin. Mr. Edwards participates in a broad range of life and health regulatory actuarial services, including reserve analysis, tax reserve analysis, policy form reviews, and rate reviews for Delaware and California, reinsurance treaty reviews, certificates of valuation, and has performed and managed hundreds of risk-focused actuarial examinations for various insurance departments. Mr. Edwards's more than thirty-five years' experience in the actuarial field includes positions with a number of life insurers, such as American Life Insurance Company and Philadelphia Life Insurance Company, as well as many years in the role of actuarial consultant.

Arthur Lucker, FSA, MAAA

Mr. Lucker leads INS' health rate filing division. He began his actuarial career in 1973 and has been assisting insurance regulators exclusively since 1997. Mr. Lucker serves as main contact person concerning health rate filing reviews for all of our clients. Mr. Lucker performs rate filing reviews for Delaware, Guam, Hawaii, Iowa, Maine, Michigan, Nebraska, Nevada, North Dakota, Pennsylvania, South Dakota, Tennessee, and Wisconsin, as well as life, annuity and health statutory reserve analyses, policy form reviews, reinsurance treaty reviews, certificates of valuation and actuarial examinations. The team of INS actuaries will be led by Arthur Lucker, FSA, MAAA. Mr. Lucker has over 35 years of experience working as a life and health actuary. He has participated in the review of over 6,000 accident and health rate filings as either primary reviewer, secondary reviewer or peer reviewer. This includes over 300 ACA individual and small group medical rate filings. Mr. Lucker has also served as the lead actuary for over 100

financial examinations of life and health insurance companies. Mr. Lucker has expansive knowledge of the Affordable Care Act (ACA), and made suggestions to several regulatory agencies regarding the implementation of the ACA. Mr. Lucker has reviewed rate filings that were updated for provisions of the ACA. Mr. Lucker led the work performed for Nevada and had ultimate supervisory responsibility for the work performed for Nebraska and Pennsylvania under the ACA Federal Grant. This work consisted of all types of medical rate filing reviews, development of effective rate review processes, and rate review process manuals. In addition, Mr. Lucker has provided training seminars to regulators with regard to long term care, credit insurance, and accident and health rate filings, including an all-day seminar on health care reform for the Michigan Department of Insurance and Financial Regulation.

Joseph Brennan, FSA, MAAA

Mr. Brennan has over thirty-five years of actuarial experience, including over twenty years of health insurance rate development and pricing experience. He served as Vice President for Penn Treaty Network America Insurance Company, Colonial Penn Life Insurance Company, and American Integrity Corporation. Mr. Brennan also served as the Head of Employee Benefits and Actuarial Product Management for ING U.S. Mr. Brennan has authored a number of ACA reports for state insurance departments. This includes six for Ohio, as follows, “A Review of the Actuarial Provisions of the PPACA Final Program Integrity Review”, “A Review of PPACA Large Group Requirements for 2014 Filings”, “A Review of the 2015 Proposed Rule for Benefit and Payment Parameters for PPACA”, “Review of 2015 ACA Best Practices for Reviewing Alternative Actuarial Value Calculations”, “A Review of 2017 Rate Filing Guidance for Student Health Plans.”, and “A Review of the 2018 Final Rule for Benefit and Payment Parameters for PPACA.” Mr. Brennan is currently participating in the review of accident and health rate filings for Delaware, Michigan, Nevada, Ohio, South Dakota, Tennessee, and West Virginia. In his pricing roles in the industry, Mr. Brennan has been involved in developing and writing countless Actuarial Rate Memoranda for all types of health products. Mr. Brennan is intimately aware of the health and long term care product filing process, as evidenced by his many years of filing health products. He has worked hand-in-hand with state insurance departments in the rate filing approval process, to ensure an equitable resolution for all parties. Mr. Brennan also works voluntarily on the Society of Actuaries’ Education and Examination Committee, which he has participated in for over twenty-five years. He supports the actuarial profession by writing and grading examination questions for the Fellowship-Level examinations of the Society of Actuaries, as well as serving as a Vice Chair. Mr. Brennan has also been a member of the American Academy of Actuaries’ Membership Committee for six years, and is currently a member of the American Academy of Actuaries’ Health Practice Council Communications Committee.

Gary Rosen, FSA, MAAA

Mr. Rosen began his actuarial career over thirty-five years ago. He has worked for Provident Mutual/Nationwide Insurance and Philadelphia Life Insurance Company. Mr. Rosen’s role includes participation in actuarial examinations and in rate filing reviews for

Delaware, Hawaii, Iowa, Maine, Michigan, Nevada, North Dakota, South Dakota, Tennessee, and Wisconsin.

Mark Golab, FSA, MAAA

Mr. Golab has over ten years of consulting experience in health insurance pricing and product development. Mark began his actuarial career in 1970 with the Philadelphia Life Insurance Company as a Health Actuary. During his distinguished forty year career, Mark held the position of Senior VP and Chief Actuary for NRG America Life Reinsurance Company for fifteen years. He was responsible for the analysis of in force medical books of business in order to measure embedded profit for the purpose of developing a reinsurance arrangement and the management of a book of medical reinsurance business that included first dollar and excess plans. Mark also held the position of President of Palm Actuarial Consultants, Inc. for 10 years. He was responsible for the analysis of medical business for statutory rate increases, providing expert witness testimony in accident and health disputes, and providing strategic planning advice in accident and health matters. Currently, Mark performs a broad range of actuarial services for INS including health rate filing reviews for Arkansas, California, Delaware, Hawaii, Iowa, Maine, Michigan, Nebraska, Nevada, North Dakota, Pennsylvania, South Dakota, Tennessee, and Wisconsin, and is also involved in risk-focused actuarial examinations and special projects.

James J. Kuklinski, ASA, MAAA

Mr. Kuklinski joined INS in 2008. Mr. Kuklinski's actuarial career spans over thirty-five years, including twenty-one years with Fidelity Mutual Life Insurance Company, including nine years as Assistant Vice President and Actuary. Currently, Mr. Kuklinski performs a broad range of life, accident and health actuarial services including rate filing reviews for Delaware, Michigan, Nevada, North Dakota, and Tennessee.

Michael Fedyna, FSA, MAAA

Mr. Fedyna is a financial and actuarial executive with over 40 years of experience in the accident and health, long term care, life and property and casualty insurance industry. He has been involved in numerous corporate acquisition and divestiture activities for major life and health insurance companies including Aetna, Anthem and CIGNA. He played a key role in the conversion of Empire Blue Cross Blue Shield (BCBS) from a not-for-profit company to a for-profit company and subsequent successful Empire IPO. Mr. Fedyna's most recent position was CFO and Chief Actuary of Healthfirst Inc., a 1.1 million member Medicaid and Medicare managed care organization in New York City. Immediately prior to that, he spent seven years as Chief Actuary for Aetna, helping to manage Aetna to industry leading profit margins. Prior to that, he held increasingly responsible financial and actuarial leadership roles for Humana (Chief Actuary), WellPoint (Predecessor Company to Anthem), Empire BCBS (Chief Actuary) and CIGNA. In 2016, Mr. Fedyna began consulting with INS in Philadelphia. He has reviewed Affordable Care Act, Medicare supplement, and limited benefit health rate filings for the states of Delaware and Tennessee.

Rory Mosko, ASA, MAAA

Mr. Mosko started working for INS in 2017. Mr. Mosko has over twenty five years of actuarial experience and, prior to joining INS, was database marketing manager of Colonial Penn Life Insurance Company. In this capacity, Mr. Mosko provided expertise on re-pricing of allowable marketing expense levels for traditional whole life and health products, implemented new products and policy form filing support and supplied technical expertise for improvement/automation of many manual processes. For INS, Mr. Mosko has reviewed numerous health rate increase filings including transitional medical, dental, and short term care rate filings.

Mary Ellen Soul, FSA, MAAA

Ms. Soul joined INS in 2017 and has over 40 years of actuarial experience in health insurance. Mary Ellen has extensive industry experience in product development and pricing for individual, small group and large group medical insurance. As Vice President and Actuary for Empire Blue Cross Blue Shield, her responsibilities included the pricing of all large groups (over 50 lives) and small group (50 lives and under) PPO, EPO, POS and indemnity products. Mary Ellen developed manual rates for new products, filed and obtained approval of these rates with the New York State Insurance Department, performed re-rating of existing blocks of business and developed the Experience Rating Formulae, providing benefit relativities and developing trends to be used by the Underwriting Department to re-rate large accounts. For INS, Mary Ellen has reviewed numerous health rate increase filings including, ACA individual medical, ACA small group medical, transitional medical, grandfathered medical, large group medical, dental, short term medical and short term care rate filings.

Jenny Wang, FSA, MAAA

Ms. Wang has spent the majority of her 17 year career in the health pricing area, specializing in major medical products. Currently, Ms. Wang performs a broad range of accident and health actuarial services, including rate filing reviews for Delaware, Tennessee, and Kentucky.

FRANK G. EDWARDS, Jr., ASA, MAAA

	The INS Companies
2011 – Present	Vice President and Chief Life/Health Actuary
2008 – 2010	Assistant Vice President
1994 – 1999	Actuary

Responsible for all life/health actuarial projects undertaken by INS. Oversees a broad range of Life/Health actuarial services, including reserve analysis, rate filing reviews, policy form reviews, reinsurance treaty reviews, Certificates of Valuation for insurance departments and actuarial examinations and training for insurance departments. Designed actuarial procedures for risk focused surveillance examinations.

PRIOR EXPERIENCE

1999 - 2001	Gerald J. Rankin & Associates
1989 - 1994	Consulting Actuary

Consulting Actuary for small to mid-size insurance companies selling mostly individual life and health products. Broad range of work including: financial reporting and annual statement preparation for all clients; profitability analysis for life and health products; analysis of reinsurance requirements including the development or enhancements needed to administer reinsurance agreements; calculation of GAAP and Statutory reserve factors using Basic programs and development of asset liability matching models.

1985 - 1989	Corporate Life Insurance Company
	Actuarial Analyst

Responsibilities included all general actuarial work, including annual statement preparation, calculation of reserves and supporting documentation and development of Universal Life and annuity illustrations along with other personal computer applications for various departments.

1984 - 1985	Philadelphia Life Insurance Company
	Actuarial Analyst

Assisted marketing department with development of Universal Life illustrations and wrote programs to calculate CRVM reserves for all Universal Life products.

1981 - 1984	American Life Insurance Company
-------------	--

General actuarial work with emphasis on writing programs on the mainframe computer to calculate cash values and reserves for new and existing life and annuity products.

EDUCATION

West Chester University
BA in Mathematics, 1980

PROFESSIONAL CREDENTIALS

Associate, Society of Actuaries, 1988
Member, American Academy of Actuaries, 1989

ARTHUR M. LUCKER, FSA, MAAA

1997 - Present	The INS Companies
1994 - 1994	Actuary
	Involved in a broad range of Life and Accident/Health actuarial services, including life, annuity and health statutory reserve analysis, rate filing reviews, policy form reviews, reinsurance treaty reviews, Certificates of Valuation for Insurance Departments and actuarial examinations and training for Insurance Departments.

PRIOR EXPERIENCE

1994 - 1997	CIGNA Group Insurance
	Manager
	Regulatory Actuary responsible for the preparation of the actuarial portion of rate and form filings for all state insurance departments.
1990 - 1994	Provident Mutual Life Insurance
	Assistant Actuary
	Responsible for quarterly financial reporting of statutory reserves, preparation of actuarial exhibits in the Annual Statement and dealing with internal and external auditors and state regulators. Assisted the valuation actuary with cash flow testing.
1988 - 1990	Presbyterian Ministers' Fund
	Assistant Actuary
	Responsible for updating the current valuation system for universal life, quarterly financial reporting of statutory reserves and preparation of actuarial exhibits in the Annual Statement.
1987 - 1988	CIGNA
	Assistant Actuary
	Responsible for implementing a universal life valuation system, assisting in the preparation of Annual Statements and GAAP financial reporting.
	Philadelphia Life Insurance Company
1973 - 1987	Assistant Actuary
	Major duties included developing statutory and GAAP reserves for financial reporting, quarterly financial reporting of GAAP reserves, pricing of life and annuity products, development of a flexible premium deferred annuity administration and reserve system and manager of the annuity section of the actuarial department (which included valuation and pricing).

EDUCATION

Rutgers University
Bachelor of Arts, Mathematics - 1973

PROFESSIONAL CREDENTIALS

Fellow, Society of Actuaries
Member, American Academy of Actuaries

JOSEPH P. BRENNAN, JR., FSA, MAAA

2013 – Present

The INS Companies

Actuary

Involved in broad range of Life and Accident/Health actuarial services, including life, annuity and health statutory loss reserve analysis, rate filing reviews, policy form reviews, reinsurance treaty reviews, Certificates of Valuation for Insurance Departments and actuarial examinations and training for Insurance Departments.

PRIOR EXPERIENCE

2012 - 2013

ING U.S.

Head of Employee Benefits Actuarial Product Management

Responsible for development and management of profitable Voluntary/Worksite, Group Life, and Medical Stop Loss products, with a strong emphasis on Accident and Health lines of business. Strategic and leadership role to drive top and bottom line growth.

2006 - 2011

American General Life – Benefit Solutions

Director and Actuary

Pricing, Financial and Product Solutions for Group and Worksite Accident and Health products. Developed pricing and product support for Critical Illness, Cancer, Dental, Limited Medical, Excess Major Medical, and Accident products. Recommend appropriate rate and product changes for these products, STD and LTD. Developed strategic product initiatives to increase profit and market penetration.

2003 - 2006

Penn Treaty Network America Insurance Company

Vice President and Actuary

Pricing and Product Development for Long Term Care and Medicare Supplement products. Key member of the Marketing Strategies Team. Developed Actuarial Memoranda and responded to insurance department requests. Recommended appropriate and profitable rate increase strategies.

Colonial Penn Life Insurance Company

1996 - 2003

Vice President, Product Development and Analysis

1984 – 1991

Associate Actuary, Life and Health Actuarial Department

Directed and managed life, health and annuity products to required profitability. Created innovative products for the senior market in short time period, including Medicare Supplement, Short and Long Term Care, Critical Illness, Graded Benefit Whole Life, AD&D, and High Face Term, which increased premium to 72% above plan. Led Product Team, including Actuarial, Marketing, Claims, Underwriting, Systems, and Compliance, and created Specification and Risk Analysis Reports for all new product ventures to insure timeliness to market in the most cost-effective way.

1993 – 1996

New York Life Insurance Company

Actuary, Group and Long Term Care Insurance Division

Evaluated risk and established profitability targets for Long Term Care business. Developed and priced new and innovative Long Term Care

products for a start-up Long Term Care operation which lead to a 50% increase in premium. Completed a new financial projection model to analyze profitability and marketing results, prepared and monitored new product filings to approval status with insurance departments, to meet aggressive marketing target dates. Approved reserving methodology and analyzed morbidity experience to maintain profitability.

1991 – 1993

American Integrity Corporation

Vice President & Chief Actuary

Responsible for the risk management for all actuarial functions of corporation and subsidiaries. Priced and reserved Medicare Supplement, Long Term Care and other health products to target profitability levels. Analyzed morbidity and persistency experience for direct and reinsured business to discover emerging trends. Prepared financial forecasts including determination of relevant assumptions (morbidity, persistency, expenses, investment yields, etc.) for strategic planning and regulatory reporting. Determined required rate increase levels and prepared Actuarial Rate Memoranda to insure timely rate adjustments to maintain profitability.

EDUCATION

St. Joseph's University

Bachelor of Science, Mathematics

PROFESSIONAL CREDENTIALS

Fellow, Society of Actuaries

Member, American Academy of Actuaries

GARY B. ROSEN, FSA, MAAA

2012 – Present **The INS Companies**
Life/Health Actuary
Involved in broad range of Life and Accident/Health actuarial services, including loss reserve analysis, policy form reviews, reinsurance treaty reviews, Certificates of Valuation for Insurance Departments and actuarial examinations for Insurance Departments.

PRIOR EXPERIENCE

2009 – Present **Independent Actuarial Consultant**
Provide actuarial expertise and support for client's financial projection program. Provide actuarial and technical support for New York Life in the development of their new Excel based illustration system.

1986 – 2009 **Provident Mutual/Nationwide Insurance**
Senior Actuary
Calculated and analyzed financial reporting data to identify actual and potential problems relating to business profitability. Researched and assisted with the formation of the Closed Block of traditional life business. Analyzed the results on a quarterly basis to ensure compliance with state regulations. Managed a \$60 million dividend scale for the traditional life business by analyzing mortality, lapse and investment experience. Successfully maintained appropriate profit margins over the life of the policies. Calculated and analyzed financial reporting data to identify actual and potential problems relating to business profitability.
Created detailed manual illustrations for Traditional Life, Universal Life and Variable Life that were too complex for the in-house illustration system to compute. Advised on tax issues relative to 7702, 7702A and reportable income, in addition to dividend questions and product-specific information. Modeled Traditional and Variable Life plans to determine profit streams for GAAP reporting.

1983 – 1986 **Philadelphia Life Insurance Company**
Actuary
Analyzed statutory and GAAP reporting data in support of management's objectives. Supervised the Reinsurance Department. Interacted with representatives from six reinsurers. Decided which company would reinsure new products and resolved financial issues with reinsurers such as disputed claims.

1977 – 1983 **Provident Mutual/Nationwide Insurance**
Actuarial Research Assistant/Actuary

EDUCATION

University of Michigan; Master of Actuarial Science
Pennsylvania State University; Bachelor of Science, Mathematics

PROFESSIONAL CREDENTIALS

Fellow, Society of Actuaries
Member, American Academy of Actuaries

MARK B. GOLAB, FSA, MAAA

2008 – Present

The INS Companies

Actuary

Involved in broad range of Life and Accident/Health actuarial services, including loss reserve analysis, policy form reviews, reinsurance treaty reviews, Certificates of Valuation for Insurance Departments and actuarial examinations for Insurance Departments.

PRIOR EXPERIENCE

2005 – 2008

PricewaterhouseCoopers

Director

1996 – 2005

Palm Actuarial Consultants, Inc.

President

Responsibilities included Financial Reporting, Cash Flow Testing, Business Appraisals, Product Design, Reinsurance Planning, and Expert Witness- Arbitration & Litigation

1981 – 1996

NRG America Life Reinsurance Company

Senior Vice President and Chief Actuary

Served as an Appointed Actuary and Manager of Actuarial Department; Responsibilities included Design and Negotiation of portfolio reinsurance agreements, Reinsurance Pricing, Reinsurance Accounting, Negotiation of domestic, European and “offshore” retrocessional facilities

1978 – 1981

Colonial Penn Life Insurance Company

Tax Actuary

1970 – 1977

Philadelphia Life Insurance Company

Health Actuary

PROFESSIONAL CREDENTIALS

Fellow, Society of Actuaries

Member, American Academy of Actuaries

JAMES KUKLINSKI, ASA, MAAA

2008 – Present

The INS Companies

Actuary

Involved in broad range of Life and Accident/Health actuarial services, including loss reserve analysis, policy form reviews, reinsurance treaty reviews, Certificates of Valuation for Insurance Departments and actuarial examinations for Insurance Departments.

PRIOR EXPERIENCE

Fidelity Mutual Life Insurance Co.

1999 – 2008

Assistant Vice President and Actuary

Member of management responsible for actuarial financial reporting and reinsurance administration. Supervised and provided technical guidance to reinsurance specialists. Other duties included reinsurance negotiation and pricing, monthly reporting analysis, various actuarial calculations or other assistance to customer service and controller departments. Member of Business Practices Committee.

1984 – 1999

Actuarial Officer

Junior officer progressively responsible for dividend scale implementation, group operating results and rate analysis, reinsurance analysis and administration.

1978 – 1984

Actuarial Associate

ASA student position assigned various actuarial duties, including programming, product development, dividend scale analysis, and commission scale submissions.

1977 – 1978

Actuarial Analyst

Beginning actuarial student assigned to various actuarial duties, including expense study and systems conversions.

PROFESSIONAL CREDENTIALS

Associate, Society of Actuaries

Member, American Academy of Actuaries

MICHAEL W. FEDYNA, FSA, MAAA

2016 – Present **The INS Companies**
Life/Health Actuary

PRIOR EXPERIENCE

2014 – 2016 **Healthfirst Corporation**
Chief Financial Officer & Chief Actuary
Responsible for all Healthfirst's financial functions including actuarial, accounting, medical cost analysis, planning and expense budgeting, payroll, treasury and investment and enterprise risk management. Rebuilt Healthfirst's Actuarial Department including hiring a new head actuary. Reviewed all NY Medicaid rating actions and Medicare bid development. Oversaw actuarial matters related to Healthfirst's participation on the ACA Insurance Exchange. Managed all governance activities with the Finance Committee of Healthfirst's Board of Directors

2007 – 2014 **AETNA Corporation**
Vice President & Chief Actuary
Responsible for all actuarial matters for Aetna, through direct staff of 70 people and dotted line staff of approximately 400 credentialed and non-credentialed actuarial professionals. Lead the actuarial components of the implementation of mandated benefits and minimum MLR requirements of the Affordable Care Act. Drove improvements in A&H claim reserving processes. Responsible for Aetna's business operations economic capital model. Managed Aetna's minimum Medical Loss Ratio (MLR) payment variation. Key contributor to Aetna's business development initiatives and financial engineering projects. Reviewed all EGWP Group Medicare quotes and all major Medicaid quotes.

2007 – 2007 **Humana Corporation**
Vice President & Chief Actuary

2006 – 2006 **WellPoint Corporation**
Vice President & East Region Chief Actuary
Named Chief Actuary for WellPoint's East Region subsequent to WellPoint's acquisition of Empire. Responsibilities include pricing, underwriting policy, reserving, forecasting, and contracting support for the region. Member of the WellPoint East region Operating Committee. Managed a staff of approximately 190 people and a \$27 million expense budget across the six states. Responsible for approximately \$1.6 billion of reserves. Reorganized all the East region actuarial operations from a geographic model in which all functions in a state are managed by a local head to a functional model in which one person is responsible for a specific function (e.g. large group pricing) across all states. Achieved expense synergies of approximately \$1.8 million. Met all integration goals. The significant efforts included modifying valuation practices, and adopting new cost of care, enrollment, underwriting, and financial reporting processes to conform to WellPoint practices.

1997 – 2005

Empire Blue Cross Blue Shield (WellChoice Corporation)

Vice President & Chief Actuary

Leader in drive to insure rate adequacy for all community rated and incentive rated product lines, particularly Empire's HMO product. Received approval for significant increases through two rate filings requiring public hearings. The HMO is currently profitable after losing money in 1998 and prior. Pushed for rate adequacy for highly visible Individual Products: Direct Pay HMO, Direct Pay HMO/POS and Medicare Supplemental. Participated in numerous "discussions" with the New York State Department of Insurance regarding the appropriate rate levels for these politically sensitive products. Key participant in the development of the product redesign, underwriting rules, and pricing and for the Empire's PPO, EPO, POS and Medicare Advantage products. These products are now the foundation of Empire's portfolio and are making significant contributions to Empire's overall profits. Responsible for Empire's financial and capital plan submissions to the Board of Directors. Performed M&A analysis and Due Diligence for several potential acquisitions and recent Wellpoint acquisition. Managed Empire's Actuarial and Financial Analysis Departments (36 people combined).

1973 – 1997

CIGNA Corporation

Vice President & Chief Financial Officer

Duration-matched assets and liabilities for Asian life operations. Established product mix targets to minimize long-standing asset/liability duration mismatches for Korea life operations. Performed financial analysis; presented company to potential purchasers and completed successful sale. Oversaw development of universal life and variable universal life policies for several Asian life insurance subsidiaries. Presented division to potential purchasers. Installed comprehensive operational planning process worldwide, including detailed planning model. Evaluated all major business proposals, including establishing a direct writing U.S. reinsurance facility, a U.S. surety bonding facility, a finite risk reinsurance facility and entering the international life reinsurance market. Developed finite risk reinsurance pricing and investment policies. Finite Risk Reinsurance unit now producing \$13 million pre-tax earnings per year. Provided key business input and all financial analysis for merger and acquisition activity. Participated in proposals and wrote the financial evaluation models for potential acquisitions in Denmark, Venezuela and Germany. Created a division level collections unit to pursue long overdue balances. Collected \$7.0 million in first 18 months of operations.

EDUCATION

BS, Mathematics; St. Joseph's College; Magna cum Laude 1973

PROFESSIONAL CREDENTIALS

Fellow, Society of Actuaries

Member, American Academy of Actuaries

RORY S. MOSKO, ASA, MAAA

The INS Companies

2017 – Present

Actuary

Responsible for all life/health actuarial projects undertaken by INS. Oversees a broad range of Life/Health actuarial services, including reserve analysis, rate filing reviews, policy form reviews, reinsurance treaty reviews, Certificates of Valuation for insurance departments and actuarial examinations and training for insurance departments. Designed actuarial procedures for risk focused surveillance examinations.

PRIOR EXPERIENCE

Colonial Penn Life Insurance Company

2012 – 2017

Manager, Marketing Database

Maintained direct mail lead, prospect, and customer database held at Epsilon Corp. in 2017, and Acxiom up to 2017; served as technical resource for day-to-day processing of direct mail campaigns; developed and analyzed direct-response marketing reports; reported company sales results to management daily/weekly/monthly; maintained campaign sales results via in-house systems (Oracle database and mainframe-based); supplied technical expertise for improvement/automation of many manual processes.

2002 - 2012

Director, Reporting & Analysis

Maintained marketing prospect and customer database held at Acxiom Corp. starting in 2007, and at Experian up to 2007; implemented 3 new simplified issue life products (term, WL, and juvenile plans) and 1 guaranteed issue (term) plan, and 2001 CSO product changes; performed data-gathering and analysis for multiple direct marketing projects including TV and direct mail models

1990 – 2002

Assistant Actuary

Re-pricing of allowable marketing expense levels for traditional whole life and health products sold via direct response channels; new product implementation on Admin system (Vantage) and policy form filing support; traditional and interest-sensitive product support, including UL illustrations, rates and values quotes, and problem resolution

1987 - 1989

Technical Director, IT

Systems department representative, interest-sensitive product implementation projects, including administrative and illustration systems. Evaluate new product impacts on systems; assisted in system upgrade efforts. Provided technical product support to Systems area, and systems-related support to actuarial area.

1977 – 1987

Philadelphia Life Insurance Company

Assistant Actuary

Wrote specifications for and supported implementation of Universal Life products on IBM mainframe policy issue and administration systems and on agents' illustration systems on PC's. Directed computer operations for Actuarial Department, on DEC mini-computer and on IBM PC's. Served

as primary interface between Actuarial and Systems departments. Other experience included one year in the Marketing department as Director of Product Implementation, 1-year rotations in Systems and Agency Field Support areas, some financial reporting, and some individual annuity systems experience.

EDUCATION

University of Pennsylvania
B.A. Mathematics

PROFESSIONAL CREDENTIALS

Associate, Society of Actuaries
Member, American Academy of Actuaries

MARY ELLEN SOUL, FSA, MAAA

The INS Companies
2017 – Present
Actuary
Responsible for all life/health actuarial projects undertaken by INS. Oversees a broad range of Life/Health actuarial services, including reserve analysis, rate filing reviews, policy form reviews, reinsurance treaty reviews, Certificates of Valuation for insurance departments and actuarial examinations and training for insurance departments. Designed actuarial procedures for risk focused surveillance examinations.

PRIOR EXPERIENCE

2011 – 2015
EmblemHealth
Vice President, Actuarial Valuation
Report to SVP & Chief Actuary. Determine IBNR and other Actuarial liabilities for all EmblemHealth (EH) legal entities and prepare Actuarial Memoranda and supporting documentation for year-end filings. Function as primary liaison with the Finance Department on all actuarial financial matters. Work closely with external (Deloitte) and internal auditors and actuaries on all actuarial financial matters. Handle all Actuarial SOX related issues. Develop the Actuarial administrative budget and work with the Budget Unit of Finance on this. Responsible for ERM/ORSA function at EH and acts as the chairperson of the ERM/ORSA Work Group. Makes certain all material risks are reported, quantified and mitigated and that key risks are identified. Determine effects that key risks may have on surplus level. Facilitate the development of risk appetite and tolerance statements.

2010 – 2011
Fidelis Care
Senior Actuary
Report to CFO. Function as Fidelis' only in house Actuary. Prepare IBNR and various financial analyses. Price various Government Programs. Assist the CFO in obtaining and understanding ERM requirements. Assist CFO in understanding various financial statements and results. Also provide assistance in determining benefit structure and pricing of benefits for the company's own health plan.

2007 – 2010
Soul & Soul Consulting
Principal
Provide actuarial consulting services for small to mid-size health insurers and provider groups. Actuarial services provided include: product development, pricing new products and re-rating existing blocks of business and preparing and filing actuarial memoranda with state insurance departments, reserving and providing statements of actuarial opinion, performing financial projections, helping in the establishment of business plans, etc. Represent companies at discussions with state insurance departments. Represent companies at their Board of Directors meetings to discuss financial issues/concerns. Work with Underwriting Departments to help establish underwriting rules for the Large Group

Market and rate specific large group cases. Work with Sales and Marketing Departments in the development of new products and the setting of sales projections for business plans.

1996 – 2007

Empire Blue Cross Blue Shield

Assistant Vice President and Actuary

Report to VP & Chief Actuary. Responsibilities included the pricing of all large groups (over 50 lives) and small group (50 lives and under) PPO, EPO, POS and indemnity products. Develop manual rates for new products. File and obtain approval of these rates with the New York State Insurance Department. Responsibilities included the re-rating of existing blocks of business. Also, responsible for developing the Experience Rating Formulae, providing benefit relativities and developing trend to be used by the Underwriting Department to re-rate large accounts. Assisted in the rating of complex accounts such as NYC and NYS Accounts. Had accountability for the financial results of this business with premium revenue of approximately \$3 billion. Managed a staff of 7 that included 3 FSAs and 1 ASA

1993 – 1996

Prudential Insurance Company; Roseland, NJ

Vice President and Assistant Actuary

Responsibilities included determining reserves for Large Group Life and Group Health products (Managed Medical, Traditional Health, DMO, LTC, etc.) and rendering/signing statements of actuarial opinion. Also responsible for performing cash flow testing for all Group products (e.g. LTD and LTC), determining Risk Based Capital, and Attributed Risk. Responsibilities included the review of pricing of Managed Medical products and the review and adjustment of the Group Dividend Formula. Functioned as Corporate Group Actuary and as such made Board Presentations to the PruCare Board on IBNR and other actuarial financial matters.

1993 – 1996

Prudential Insurance Company; Newark, NJ

Vice President and Assistant Actuary

Responsibilities included product development and pricing for Small Group and Individual Health Insurance and establishing Small Group and Individual Health reserves. Prepared and filed actuarial memoranda and rate filings for all states to support this pricing. Represented Prudential as an expert witness on actuarial matters in various law suits involving constructive cancellation.

EDUCATION

Lehigh University; M.S. Mathematics

Susquehanna University; B.A. Mathematics

PROFESSIONAL CREDENTIALS

Fellow, Society of Actuaries

Member, American Academy of Actuaries

JIANLI (JENNY) WANG, FSA, MAAA

2017 – Present **The INS Companies**
Life/Health Actuary

PRIOR EXPERIENCE

2008 – 2017 **BCBSTX**
2015 – 2017 Actuary, Group Pricing
2011 – 2015 Associate Actuary
In charge of BCBS Texas (TX)/New Mexico (NM) Regulated Small Group (SG) ACA rate setting, rate filings through SERFF/HIOS and response to regulatory filing inquiries. Successfully passed all TX/NM SG rate reviews since 2014 pricing season. Assisted with BCBS Oklahoma and Montana SG rate setting and rate filings. Met all internal and external deadlines by strategically allocating resources and properly prioritizing tasks.

2010 – 2011 Associate Actuary, Client Analytics
2008 – 2010 Assistant Actuary, Large Group Pricing & Client Analytics
Led a team to provide actuarial service to National and Government accounts; responsibilities include: trend analysis, plan/network performance review, cost and utilization trends, savings initiatives, IBNR estimates, contribution strategies and other large group consulting services.

2007 – 2008 **Direct Response, Torchmark**
Assistant Actuary
Supported marketing department with actuarial findings from experience study. Conducted persistency analysis; produced actual vs. expected reports; periodically reviewed and updated lapse assumption.

2005 – 2007 **Health & Benefits, Mercer HR Consulting**
Consultant Actuary
2004 – 2005 **Group & Health Care, Watson Wyatt**
Actuarial Analyst
2000 – 2003 **IP Network Edge & Access PU, Ericsson**
Software Engineer

EDUCATION

University of Texas at Dallas; M.S. Statistics
N. Jiaotong University; B.S. Electrical Engineering/Telecommunications

PROFESSIONAL CREDENTIALS

Fellow, Society of Actuaries
Member, American Academy of Actuaries

- B14. INS will use six contracting actuaries to complete the required services. As stated above, Mark Golab, FSA, MAAA; Jay Kuklinski, ASA, MAAA; Michael Fedyna, FSA, MAAA; Rory Mosko, ASA, MAAA; Mary Ellen Soul, FSA, MAAA; and Jenny Wang, FSA, MAAA will assist with the health and accident actuarial services. All of INS' contracting actuaries have assented to inclusion in our response to the TDCI's RFQ. The contact information for the contracting actuaries to be assigned to the TDCI's projects is:

419 S. 2nd Street
New Market, Suite 206
Philadelphia, PA 19147
(215) 625-9877

Email addresses for the contracting actuaries are as follows:

MGolab@insconsultants.org
JKuklinski@insconsultants.org
MFedyna@insconsultants.org
rmosko@insconsultants.org
msoul@insconsultants.org
JWang@insconsultants.org

Following is the estimated number of hours each contracting actuary will devote to the performance of the work required under RFQ #33501-192001:

Mark Golab, FSA, MAAA	10%
Jay Kuklinski, ASA, MAAA	10%
Michael Fedyna, FSA, MAAA,	4%
Rory Mosko, FSA, MAAA	1%
Mary Ellen Soul, FSA, MAAA,	7%
Jenny Wang, FSA, MAAA	7%

- B15. (a) INS and its related companies actively seek to conduct business with enterprises owned by minorities, women, persons with a handicap or disability and small business enterprises. When appropriate, we make every effort to utilize minority business enterprise firms approved by our various client states to provide the necessary goods and services required.

(b) Following is a listing of INS' current contracts with business enterprises owned by minorities, women, persons with a handicap or disability and small business enterprises:

Description	Value	Name	Ownership Characteristics	Contact	Phone #
Market Conduct Examiner	Undetermined	Armstrong, Linda	Sex	Linda Armstrong	(818) 389-0305
Market Conduct Examiner	Undetermined	Baldo, Joann	Sex	Joann Baldo	(570) 762-2979

Description	Value	Name	Ownership Characteristics	Contact	Phone #
Market Conduct Examiner	Undetermined	Cyn Cam, Inc.	Sex	Cyndy Campbell	(573) 424-2174
Market Conduct Examiner	Undetermined	Coleman, June	Sex	June Coleman	(717) 725-8199
Market Conduct Examiner	Undetermined	L.C. Consulting, Inc.	Sex	Lisa Crump	(417) 838-3915
Market Conduct Examiner	Undetermined	Depinet, Virginia	Sex	Virginia Depinet	(317) 775-7515
Market Conduct Examiner	Undetermined	Douglas, Gwendolyn	Sex Ethnicity	Gwendolyn Douglas	(281) 787-8369
Financial Examiner	Undetermined	Dublinski Consulting Corporation	Sex	Katie Dublinski	(630) 334-1552
Market Conduct Examiner	Undetermined	Ham, Andre	Ethnicity	Andre Ham	(410) 428-7991
Market Conduct Examiner	Undetermined	Harley, Heather	Sex	Heather Harley	(317) 696-6780
Financial Examiner	Undetermined	Hartsfield, James	Ethnicity	James R. Hartsfield	(919) 280-9991
Market Conduct Examiner	Undetermined	Harvey, Elizabeth	Sex	Elizabeth Harvey	(417) 496-4729
Financial Examiner	Undetermined	Holmes Business Consulting, Inc.	Ethnicity	Bill Holmes	(309) 824-5799
Financial Examiner	Undetermined	Integrity Consulting Services	Sex	Howe, Natalie	(816) 810-4712
Financial Examiner	Undetermined	Jones, Cathy	Sex	Cathy Jones	(727) 267-6474
Market Conduct Examiner	Undetermined	Kyazze, Frank	Ethnicity	Frank Kyazze	(717) 364-9356
Financial Examiner	Undetermined	Letterio, Donna	Sex	Donna Letterio	(407) 973-3763
Financial Examiner	Undetermined	Lucibello Consulting Corp.	Sex	Lucibello, Sarah	(630) 800-7028
Financial Examiner	Undetermined	Maynard, Carolyn	Sex	Carolyn Maynard	(352) 584-2873
Market Conduct Examiner	Undetermined	Miller, Linda	Sex	Linda Miller	(772) 631-7925
Financial Examiner	Undetermined	K & M Group, Inc.	Sex	Maria Chrysikos	(949) 400-8960
Financial Examiner	Undetermined	Misenheimer, Mary	Sex	Mary Misenheimer	(704) 202-6201

Description	Value	Name	Ownership Characteristics	Contact	Phone #
Financial Examiner	Undetermined	Neesham, Pat	Sex	Pat Neesham	(503) 970-3293
Financial Examiner	Undetermined	Life & Casualty Regulatory Svcs, Inc.	Sex	Cheryl Plozizka	(704) 640-4776
Financial Examiner	Undetermined	Pruett, Ann	Sex	Ann Pruett	(302) 562-5449
Financial Examiner	Undetermined	Rodack Financial Services, Inc.	Sex	Mary Rodack	(602) 821-7857
Financial Examiner	Undetermined	Ryals, Bethaney	Sex	Bethaney Ryals	(252) 327-0979
Financial Examiner	Undetermined	Sawyer, Colette	Sex	Colette Sawyer	(801) 809-9222
Market Conduct Examiner	Undetermined	Schuman, Shelly	Sex	Shelly Schuman	(816) 547-5009
Market Conduct Examiner	Undetermined	Sherman, Tanya	Sex	Tanya Sherman	(816) 863-4874
Market Conduct Examiner	Undetermined	Sitter Enterprises LLC	Sex	Josephine Sitter	(908) 403-9494
Life/Health Actuary	Undetermined	Soul, Mary Ellen	Sex	Mary Ellen Soul	(215) 625-9877
Financial Examiner	Undetermined	B & E Financial LLC	Sex	April Spevak	(570) 401-3257
Financial Examiner	Undetermined	Therrell, LuAnn	Sex	LuAnn Therrell	(704) 839-3131
Financial Examiner	Undetermined	Troup, Kat	Sex	Kat Troup	(717) 319-4338
Life/Health Actuary	Undetermined	Wang, Jianli (Jenny)	Sex Ethnicity	Jianli Wang	(215) 625-9877
Market Conduct Examiner	Undetermined	Woods, Lucinda	Sex	Lucinda Woods	(781) 799-7412

(c) INS will be utilizing Mary Ellen Soul, FSA, MAAA, (female) and Jenny Wang, FSA, MAAA, (female, Asian ethnicity) as contracting actuaries on this engagement. We anticipate each to complete 7% of the work required under this RFQ for a total of 14%.

(d) The percentage of INS' total current employees by ethnicity, sex, and handicap or disability follows:

32% Female
4% African American
4% Asian

B16. INS currently holds the following contract with the Department:

Brian Hoffmeister, Director of Policy Analysis

Telephone: (615) 741-5602

Email Address: brian.hoffmeister@tn.gov

Tennessee Department of Commerce and Insurance

Actuarial analysis for life, health, and accident insurance

Contract Term: 5/1/2014 – 4/30/2019

Contract #: 33501-142026

B17. Our references have been included in a separate, sealed envelope as per the requirements laid out in the RFQ.

B18. Neither INS Consultants, Inc. nor its affiliated companies are presently debarred, suspended, proposed for debarment, or voluntarily excluded from covered transactions by any federal or state department or agency. Neither INS Consultants, Inc. nor its affiliated companies has, within the past three years, been convicted of or had a civil judgment entered against them from commission of fraud or a criminal offense in connection with obtaining, attempting to obtain, or performing a public transaction or grant under a public transaction, violation of federal or state antitrust statutes, or commission of embezzlement, theft, forgery, bribery, falsification, or destruction of records, making false statements, or receiving stolen property. Neither INS Consultants, Inc. nor its affiliated companies are presently indicted or otherwise criminally or civilly charged by a government entity with commission of any of the offenses detailed in this paragraph. The INS Companies have not, within a three-year period preceding the contract, had one or more public transactions terminated for cause or default.

Section C – Technical Qualifications, Experience, and Approach

- C1. INS understands the requirements and project schedule, as INS performs accident and health rate filing reviews for many insurance departments, including the TDCI. INS reviews rate filings to determine whether or not the rates are inadequate, excessive, or unfairly discriminatory. All of INS' actuaries have in-depth knowledge of accident and health products, including:

- ❖ ACA Compliant Major Medical Plan Design
- ❖ Risk Adjustment, Risk Corridors, and Reinsurance Programs
- ❖ Current Federal and Tennessee Regulatory Environment and Regulations
- ❖ All aspects of accident and health products including but not limited to long term care and Medicare supplement products

INS knows and understands Tennessee's requirements and project schedule, having partnered with the TDCI since 2012, and serving as the current contractor providing accident and health rate filing support for new products and rate revisions. INS provides accident and health rate filing reviews for individual, small group and large group medical, long term care, Medicare supplement, disability income, and other medical (short term medical, cancer, dental, stop loss, travel, hospital indemnity, etc.) products. In the beginning of the contract with the TDCI, INS was given the task of reviewing current accident and health rate filings and getting rid of a back log of over 100 rate filings left from the previous reviewer. Within one month, INS had completely wiped out the backlog and kept up with the pace of rate filings assigned on a daily basis. INS has completed 1,390 rate filing reviews for the TDCI. This demonstrates our ability to handle large numbers of filings. INS has met all rate filing deadlines over the six year ten month period we have been serving the TDCI, especially during the Patient Protection and Affordable Care Act (ACA) filing season where the ACA filings are the highest priority and must be finished per federal requirements. In order to accomplish the goal of providing excellent service to the TDCI, INS will continue to have ten highly qualified and multi-year experienced actuaries reviewing the accident and health rate filings.

For ACA support to TDCI, INS has reviewed over 300 medical and dental filings for the TDCI to determine compliance with applicable Tennessee laws and regulations, as well as the provisions of the ACA. We also represented the TDCI as part of the Tennessee Health Insurance Exchange Technical Advisory Group relating to the 3Rs (reinsurance, risk corridor, and risk adjustment).

As mentioned previously, INS' relationship with the TDCI is a true partnership, where both parties have always been very open and trusting with each other, and this goes beyond the usual medical rate filing review process. Below are examples of this collaborative relationship, shared by the TDCI and INS. Some of the following examples have been previously discussed, but they are worth examining in greater detail.

- ❖ INS was asked the following question by the TDCI's Director of the Policy Analysis Section "For the chance that Washington does do something that includes funding for CSR payments for 2018, the Commissioner would like to know what the average rate

- increase would be for “XYZ Companies” if the CSR load was removed from their rate filing.” INS provided the in-depth analysis and explanation to the TDCI to answer the question on a timely basis.
- ❖ CMS planned to visit the TDCI in September, 2018 and the Director of the Policy Analysis Section asked if INS could attend the meeting at the TDCI and provide input on the ACA rate/form review processes, which INS gladly supported. INS provided the answers need to insure that Tennessee continues to be an effective rate review state, as defined by CMS.
 - ❖ After being contacted by an insurer, the Assistant Commissioner needed ACA Advance Premium Tax Credit charts to compare 2019 ACA Silver Plan subsidies for Tennessee companies across all rating areas, which INS provided on a timely basis.
 - ❖ INS continued to demonstrate our commitment to protect the interests of the TDCI, in that INS does not wait to be contacted by the TDCI but is proactive in our efforts to support and protect the interests of the TDCI. In July, 2018, INS informed the TDCI that there was a mistake by CMS in the calculation of the 2017 Risk Adjustment payments for Tennessee. The Director of Policy Analysis Section agreed and informed CMS about the error.
 - ❖ For the past 2 years, the TDCI has hosted International Fellows, who visit the TDCI to learn the many facets of insurance regulatory work, so that they can bring that knowledge back to their home country. As a partner with the TDCI, INS has been a willing participant to help the TDCI by sending an actuary, Joseph Brennan, FSA, MAAA, to talk with the Fellows about how the INS actuaries support the work of the Tennessee insurance operations.
 - ❖ INS is always willing to help with TDCI when they need our support at a moment’s notice. The TDCI asked INS to perform the Medicare supplement insurance analysis required by Section 56-7-1453 of the Tennessee Code. The project included a review of the survey information requested and collected by TDCI and also a determination of the increase in costs to the “age 65 and over” Medicare Supplement policies, if any, were TDCI to no longer permit separate rating classes in the Medicare supplement market in Tennessee. Given INS’ expertise in all life and health products, INS provided an in-depth, analytical report which successfully responded to the TDCI’s needs.
 - ❖ The TDCI requested that INS provide an overview of the areas where insurance companies would incur additional costs due to the proposed Tennessee Medical Association (TMA) legislation including a range for the additional costs. The TDCI requested the analysis be provided no later than January 31, 2016. INS not only met this deadline but on short notice sent INS personnel to Nashville to testify at a hearing.
 - ❖ The TDCI was concerned about the large long term care rate increases being requested and that other states were approving these rate increases. INS developed an alternative methodology for reviewing these large long term care rate increases. This resulted in INS finding filings where the company’s claim projections were too large, which led to approval of lower rate increases. As part of this methodology, INS provided the TDCI with a guideline rate increase (which in many cases is lower than the company proposed rate increase) which accounted for the industry-wide mispricing of long term care insurance. Since INS has state-of-the art models for

projecting future experience, for not only long term care products, but for all accident and health products, we are able to determine when a proposed rate increase is too high, and therefore protect the interests of the insurance consumers of Tennessee. INS does a fair and balanced review, which also takes into account the financial situation of the company.

- ❖ The TDCI regularly requests INS' presence at their meetings with issuers, the Commissioner, the Deputy Commissioner, Assistant Commissioner, and Director of the Policy Analysis Section to discuss rate filing issues and concerns, particularly in regards to ACA filings.

These are but a few recent examples of the open communication and service which INS provides to Tennessee as well as to all our regulatory partners, who do not hesitate to ask us, at a moment's notice, whenever they have an important problem to solve. INS only works with regulatory entities, which leads to a more trusting relationship with all our regulatory partners.

Following is a summary of health insurance work our actuaries are performing on behalf of our regulatory clients, which demonstrate INS' superior qualifications and our wealth of similar experience.

Alabama Department of Insurance

INS started reviewing individual and small group medical rate filings for the Alabama Department of Insurance in 2017. We have performed 13 medical rate filing reviews in 2017, and expect to complete 15 or more medical rate filing in 2018.

Arizona Department of Insurance

INS started reviewing long term care rate filings for the Arizona Department of Insurance (Department) in 2016. We have performed 29 long term care rate filing reviews for the Department in 2016 and 2017, and expect to complete more than 35 rate filings in 2018.

Arkansas Insurance Department

INS has reviewed long term care and medical rate filings for the Arkansas Insurance Department.

California Department of Insurance

INS has been a regulatory partner with the California Department of Insurance (CDI) since 2010, providing long term care rate filing support for new products and rate revisions. The reviews encompass long term care filings on both a pre-rate stabilization and post-rate stabilization basis.

An example of the INS typical review process has been implemented in California, and is outlined here. The California Department of Insurance requires the Reviewing Actuary to review all aspects of the filing in great detail, as the Reviewing Actuary must also do the same required certification that the Pricing Actuary must do. The review includes analysis of the assumptions in the actuarial memorandum, certification, and supporting exhibits. The INS Actuarial Projection Model is used in the determination of the lifetime loss ratio. This detailed review is necessary in order to determine if the entire filing is in

compliance with the applicable state laws and regulations, and also that the rates are reasonable in relation to the benefits provided. The review usually includes correspondence with the issuer to justify the filing, requesting such items as additional information or clarification, more data or experience, and/or the reasons for certain pricing assumptions. This correspondence usually will help resolve the issues, and allow approval of the filing. However, there are instances when the issues are not resolved. In these cases, modification of the filing, possibly the rates, is recommended. The end result of the process is timely communication with the State, detailing INS's work and filings, and the recommendation of approval, disapproval, or modification of the filing.

Delaware Department of Insurance

INS has been a regulatory partner with the Delaware Department of Insurance (Delaware or DDOI) since 1987. INS provides all of the Delaware's actuarial services, including accident and health rate filing reviews, review of the actuarial aspects of life and annuity filings, financial examinations of life, health and property/casualty companies, review of reinsurance treaties, actuarial consulting services for captives, and special projects. INS has performed thousands of health rate filing reviews on behalf of the DDOI, including all accident and health rate revisions and initial rate filings. INS has performed close to 6,700 health rate filing reviews for the DDOI. The products reviewed include individual medical, small group medical, large group medical, dental, specified disease, stop loss, credit life, credit disability, long term care, and Medicare supplement. INS has participated in a number of Delaware rate hearings, and presented INS' rate filing review report at the hearings.

We are Delaware's advisors regarding all actuarial matters relating to ACA, and have been reviewing qualified health plans (QHPs) and ACA rate filings since January 1, 2014. INS has reviewed all of the Delaware on and off exchange medical and dental filings, amounting to more than 200 filings in total. INS has also provided analysis of current and proposed ACA health insurance legislation, an example of which is House Bill 85 relating to small employer group health insurance. Additionally, INS has completed the following special projects for Delaware:

- ❖ Analysis and recommendations on the appropriate ACA Tobacco Rating factor for Delaware business.
- ❖ Comparison and analysis of 2014 ACA premiums with pre-ACA premium levels.
- ❖ Review and critique of unique health insurance benefits and provisions in ACA rate filings.
- ❖ Written summary language of INS rate reviews for Health Insurance Oversight System (HIOS).
- ❖ Research on an as needed basis, and consultation on a daily basis for all ACA questions.

Guam Department of Revenue and Taxation

INS provided ACA assistance and rate filing reviews for small group medical insurance.

Hawaii Department of Commerce and Consumer Affairs

INS has worked with the Hawaii Department of Commerce and Consumer Affairs (HDCCA) for two years. INS provided accident and health rate filing support for new products and rate revisions. The products which we supported were individual, small group and large group medical filings. INS performed over 60 accident and health rate filing reviews for the HDCCA.

For ACA support, we reviewed a number of ACA filings for the HDCCA. In addition, we helped educate the HDCCA on the details and intricacies of the ACA regulations.

Iowa Insurance Division

INS has been a regulatory partner with the Iowa Insurance Division (IID) since November, 2007, providing accident and health rate filing support for new products and rate revisions. Accident and health rate filing reviews consist of long term care, individual medical, small group medical and dental products. INS has completed over 750 health rate filing reviews for the IID.

For ACA support to IID, we are the one of the advisers to the IID regarding actuarial matters relating to ACA. INS has been reviewing QHP's and ACA rate revisions filings effective January 1, 2014 and later, including the review of over 150 medical and dental ACA filings. INS has been responding to the IID on their ACA questions, providing written and verbal support on the subjects of actuarial value, the Actuarial Value Calculator, area/network rating, composite rating, and stand-alone dental plans.

Kentucky Department of Insurance

INS started reviewing individual, small group and large group medical rate filings for the Kentucky Department of Insurance (KDI) in 2016. We have performed over 40 medical rate filing reviews for the KDI.

Maine Bureau of Insurance

INS serves as a regulatory partner with the Maine Bureau of Insurance (MBI), providing long term care rate filing support for new products and rate revisions. The reviews encompass long term care filings on both a pre-rate stabilization and post-rate stabilization basis. INS has performed over 120 long term care rate filings for the MBI.

Massachusetts Division of Insurance

For the Massachusetts Division of Insurance (MDI), INS completed a risk adjustment review report in which INS provided the following:

- ❖ Analysis of issuer's methodology for calculating risk adjustment;
- ❖ If issuer is utilizing the consultant model, detailed review of model methodology documentation;
- ❖ Reviewed 2014 data provided to The Centers for Medicare and Medicaid Services (CMS) for all companies in state;
- ❖ Analyzed 2014 data provided by issuers in regard to 2014 report results;
- ❖ Compared 2014 estimate to 2014 actual and, if variance was determined, requested issuers for explanation regarding differences;
- ❖ Collected 2015 risk adjustment data from issuers; and,

- ❖ Used 2015 issuer risk adjustment data to calculate risk transfer payments and compare results to issuer URRT 2017 estimate. If estimate was different, asked issuer to provide explanations.

Michigan Department of Insurance and Financial Services

INS has partnered with the Michigan Department of Insurance and Financial Services (DIFS) since 2010, providing accident and health rate filing support for new products and rate revisions. Accident and health rates filing reviews consist of long term care, Medicare supplement, credit insurance, stop loss, individual medical, small group medical and large group medical products (also known as HMO and commercial medical). We have reviewed, over 1,700 accident and health rate filing reviews for DIFS. INS has provided training seminars to DIFS regulators with regard to long term care, credit insurance, and accident and health rate filings, including an all-day seminar on health care reform.

For ACA support to DIFS, besides providing the ACA seminar for DIFS, INS has completed over 100 medical ACA filings. We have also been reviewing qualified health plans (QHPs) for DIFS as well as completing requested reviews to ensure compliance with ACA and DIFS statutes.

Minnesota Department of Commerce

INS has been a regulatory partner with the Minnesota Department of Commerce (MDC) since 2006, providing reviews of life, annuity and medical filings.

For ACA support, INS assisted the MDC by reviewing the actuarial values which resulted from the Actuarial Value Calculator for various ACA filings. Note that issuers must use the Actuarial Value Calculator to determine the actuarial metal value for non-grandfathered health insurance coverage in the individual and small group markets. INS determined the accuracy of the inputs to the Actuarial Value Calculator, as well as the resulting actuarial values, for the situation with benefits designs which the Actuarial Value Calculator can handle. However, for plans with benefit designs which cannot be handled by the Actuarial Value Calculator, exceptions are made which must be justified as actuarially appropriate. There are 2 options to accommodate these exceptions: 1. The actuary adjusts the benefit design, for calculation purposes only, in order that it will “fit” the parameters of the Actuarial Value Calculator. 2. The actuary first uses the Actuarial Value Calculator for plan provisions which correspond to the Actuarial Value Calculator, and then calculates appropriate adjustments to the calculated actuarial value. This option can also handle innovative plans and/or innovative benefit features. Both options require that a member of the American Academy of Actuaries certify to the appropriateness of the methodology. INS actuaries are qualified to certify to the appropriateness of the methodology, since all INS actuaries are members of the AAA, and all meet the American Academy of Actuaries Qualification Standards for public service actuaries issuing Statements of Actuarial Opinion in the health area of actuarial practice. This is another example of INS’ in-depth knowledge of ACA regulations, which shows itself in INS’ complete, accurate, and timely work product for our regulatory partners.

Nebraska Department of Insurance

INS has worked with the Nebraska Department of Insurance (NDI) for three years.

INS has performed work for the NDI under the ACA federal grants, which consisted of ACA rate filing reviews, development of an effective rate review process and a rate review process manual. We have acted in an advisory role for medical rate filing reviews. More details on these projects are shown below.

- ❖ Issued a report that suggested improvements to the NDI rate review process to ensure a more robust rate review process is in place.
- ❖ Developed a comprehensive rate review procedure manual incorporating the recommended requirements for use by the NDI staff.
- ❖ Performed actuarially justified health rate reviews and disposition determination.
- ❖ Authored a report titled “Patient Protection and Affordable Care Act - Analysis of Standards Related to Reinsurance, Risk Corridors and Risk Adjustment” for the NDI.

Nevada Division of Insurance

INS has worked with the Nevada Division of Insurance (Division) for over five years. INS provided accident and health rate filing support for new products and rate revisions. The products which we supported are individual, small group and large group medical filings. INS performed over 220 accident and health rate filing reviews for the Division, including ACA rate filings in 2016, 2017, and 2018 for the Division.

For ACA support, INS participated in the Nevada Health Benefit Rate and Form Filing Seminar/Webinar – “Preparing for January 1, 2014”. This presentation was aimed at the ACA changes effective January 1, 2014. INS also participated in the review of qualified health plans for the Division and their state-based exchange.

North Dakota Insurance Department

INS has worked with the North Dakota Insurance Department (NDID) for over three years. INS provided accident and health rate filing support for new products and rate revisions. The products which we supported are individual, small group and large group medical, long term care, Medicare supplement, and specified disease (cancer, etc.). We are also under contract to review other types of health filings and life and annuity filings. INS has performed over 80 accident and health rate filing reviews for the NDID.

For ACA support to NDID, INS prepared a report regarding essential health benefits, particularly the choice of the benchmark plan, titled “Analysis of Essential Health Benefits under the Patient Protection and Affordable Care Act.” Subsequent testimony was provided by INS before a North Dakota Legislative Committee regarding our findings in this report. In addition, INS has supported the recently hired NDID actuary to help the actuary better understand the many facets of the ACA regulations.

Ohio Department of Insurance

INS has been assisting the Ohio Department of Insurance (ODI) since 2013. Since then, we have participated in the review of 900 health and LTC rate filings for the ODI.

INS has supported the ODI in their many questions on ACA. To help the ODI better understand the details and intricacies of ACA, INS authored the following reports, covering various current ACA issues and regulations:

- ❖ “A Review of the Actuarial Provisions of the ACA Final Program Integrity Review”
- ❖ “A Review of ACA Large Group Requirements for 2014 Filings”
- ❖ “A Review of the 2015 Final Rule for Benefit and Payment Parameters for ACA.”
- ❖ “A Review of 2015 ACA Best Practices for Reviewing Alternative Actuarial Value Calculations.”
- ❖ “A Review of 2017 Rate Filing Guidance for Student Health Plans.”
- ❖ Analysis and review of 2018 ACA final rule for benefit and payment parameters for ACA; and,
- ❖ Provided 2017 rate filing guidance for student health plans.

Also for Ohio, INS has worked with the ODI staff on many product initiatives, including the following studies, analysis, and recommendations:

- ❖ Composite rating methods and options and industry analysis
- ❖ Student health filing requirements and attestations
- ❖ Recommendations for minimum required loss ratios for health insurance products
- ❖ Analysis of Multiple Employer Welfare Arrangements (MEWA's)
- ❖ Impact of broker service fees on loss ratio requirements
- ❖ Analysis of 3 R's for ACA plans
- ❖ Review of Ohio rate filing checklists
- ❖ Analysis of ACA dental plans' filing requirements
- ❖ Individual and group disability filing issues
- ❖ ACA small group trend analysis
- ❖ Critical illness rate filing regulation review
- ❖ Review of issuers outlier premium rates
- ❖ Mental health and substance abuse final regulations tools, testing and analysis
- ❖ Develop ACA compliant rate filing guidance for Ohio training
- ❖ Unified rate review template for health care cost metrics
- ❖ Area factor rating recommendations

Pennsylvania Insurance Department

INS has worked with the Pennsylvania Insurance Department (PID) since 2010. INS has performed work under the ACA federal grants and reviewed individual and small group medical rate filings for the PID. INS has completed over 150 rate review filings for the PID. Other ACA projects which were completed by INS are shown below:

- ❖ Review of PID's rate review process for compliance with the Federal Rate Review Regulation (i.e., Effective Rate Review Process). This resulted in an INS-authored Report, which analyzed the PID's current rate review processes. The Report also included suggested enhancements in the review of filings based upon Health and Human Services' (HHS) unreasonable and excessive premium increase criteria.
- ❖ Analysis of the Pennsylvania competitive environment, which resulted in a report, “Pennsylvania Rate Level index and Consumer Comparison.”
- ❖ Review of individual and small group medical filings above the 10% subject to

- review threshold for the PID.
- ❖ Presentation at the Pennsylvania Insurance Department Public Rule Information Hearing (July 27, 2016).
- ❖ Review of Pennsylvania's rate review process for compliance with the federal rate review regulation (i.e., effective rate review process). This resulted in an INS-authored report, which analyzed Pennsylvania's current rate review processes. The report also included suggested enhancements in the review of filings based upon Health and Human Services (HHS) unreasonable and excessive premium increase criteria;
- ❖ Analysis of the Pennsylvania competitive environment, which resulted in a report, Pennsylvania Rate Level Index and Consumer Comparison;
- ❖ 2015 INS study for the 2014 benefit year, titled Risk Adjustment State Averages;
- ❖ 2015 in-depth report titled 2016 ACA Cost Drivers;
- ❖ 2017 rate filing guidance for student health plan issuers; and,
- ❖ Presentation at Pennsylvania, Public Rule Information Hearing (July 27, 2016), titled National Perspective on Rate Increases for Individual Health Plans.

South Dakota Division of Insurance

INS has been assisting the South Dakota Division of Insurance (SDDI) since 2011, providing long term care and Medicare supplement rate filing support for new products and rate revisions. The reviews encompass long term care filings on both a pre-rate stabilization and post-rate stabilization basis, and Medicare supplement filings. INS has performed over 120 rate filings reviews for the SDDI.

Tennessee Department of Commerce and Insurance

INS has partnered with the Tennessee Department of Commerce and Insurance since 2012 and serving as the current contractor providing accident and health rate filing support for new products and rate revisions. INS provides accident & health rate filing reviews for individual, small group and large group medical, long term care, Medicare supplement, disability income, and other medical (short term, cancer, dental, etc.) products. INS has completed over 1,200 rate filing reviews for the TDCI. These numbers demonstrate our ability to handle large numbers of filings.

For ACA support to TDCI, INS has reviewed over 300 medical and dental filings for the TDCI to determine compliance with applicable Tennessee laws and regulations, as well as the provisions of the ACA. We also represented the TDCI as part of the Tennessee Health Insurance Exchange Technical Advisory Group relating to the 3Rs (reinsurance, risk corridor, and risk adjustment).

West Virginia Offices of the Insurance Commissioner

INS has been a regulatory partner with the West Virginia Offices of the Insurance Commissioner (OIC) to provide actuarial rate reviews of life and health related product filings and consulting services since April 1, 2014. INS has built a strong relationship with the OIC, which has continued to evolve, due to the highly interactive nature of the dealings between the OIC and INS. INS has provided considerable expertise and actuarial support to the OIC, which has helped to increase the OIC's knowledge and ability in the review of issuer filings.

INS provides health rate filing support for new products and rate revisions. The products which we support are individual, small group, large group medical, and long term care filings, and INS has competed over 100 filings for the OIC, including over 40 LTC filings.

INS has also helped educate the OIC on the details and intricacies of the ACA regulations. As such, we provided an ACA health insurance premium rate comparison in an Excel spreadsheet which compared premiums and analyzed differences for plans in both the individual and small group health insurance market, and documented our findings for the differences in premiums between issuers. We have also assisted the OIC with an ACA rate review process manual titled PPACA Rate Review Manual. Topics in the manual included: ACA effective rate review process, summary of 45 CFR 154, rate filing justification for ACA plans, Part III actuarial memorandum checklist for ACA medical plans, actuarial memorandum checklist for dental plans, ACA medical rate filings sample questions, dental rate filings sample questions and review of the URRT.

Wisconsin Office of the Commissioner of Insurance

INS has been a partner with the Wisconsin Office of the Commissioner of Insurance (WOCI) since 2007, providing long term care and Medicare supplement rate filing support for new products and rate revisions. The reviews encompass long term care filings on both a pre-rate stabilization and post-rate stabilization basis, and Medicare supplement filings. INS has performed over 300 rate filing reviews for the WOCI. INS has also reviewed over 100 ACA individual and small group medical rate filings.

INS supports our regulatory partners in many ways besides review of health insurance rate filings. INS assisted the Delaware Department of Insurance (DDOI) with the development of Delaware required templates for PPACA medical rate filings. These templates were developed to ensure the data requested from issuers for PPACA medical rate filing reviews were material and applicable. This alleviated the need for additional data requests and produced a more efficient and streamlined process. Additionally, these templates contained data which the DDOI requires in the decision making process for PPACA medical rate increases. As a result of this, we developed reports to analyze the data received from the templates, in order to provide the necessary information to the DDOI. The information from these templates will also be used by INS to develop reports and charts summarizing PPACA data for the TDCI.

INS has attended many meetings with numerous state insurance departments regarding rate filings, and our actuaries have testified in public hearings. INS has participated in numerous rate hearings for the DDOI. INS participates in DDOI sessions with both issuers and consumers, discussing approvals/modifications/disapprovals of rate actions. The TDCI regularly requests INS' presence at their meetings with issuers to discuss rate filing issues and concerns. Mr. Arthur Lucker testified as an expert witness for the Pennsylvania Insurance Department's court case regarding the planned liquidation of Penn Treaty Network America. INS provided a six hour pre-trial deposition and six hours of testimony over two days of the trial. Mr. Lucker also made a presentation at the Pennsylvania Insurance Department's Public Rule Information Hearing on July 27, 2016, titled "National Perspective on Rate Increases for Individual Health Plans."

In summary, the services provided to the Department and our other regulatory partners demonstrate that we meet the Scope of Service requirements shown in the RFQ. We have performed thousands of rate filing reviews, including numerous reviews for the products covered by the ACA. We have also worked under the ACA Federal Grants for several states to establish and implement an effective rate review process. Additionally, INS has provided support with regard to the implementation of life/health/credit regulations, state laws and federal laws for a number of regulatory agencies. INS actuaries have provided expert testimony and participated in hearings in various venues. Our actuaries have performed special projects/studies and provided training sessions for many of our regulatory partners. We are extremely adept at preparing estimates, work plans, and budgets. INS consistently meets or exceeds the deadlines set forth by our clients, and will meet the Tennessee requirement of rate review work being completed within thirty days.

- C2. Our actuarial staff is proficient in reviewing rate filings for all of the various life, health and annuity products, including accident and sickness, long term care, disability, annuity, health, major medical, credit and Medicare supplement products for individual and group plans. For each rate filing review INS completes, we diligently evaluate the actuarial assumptions and justifications supporting the rate filing for accuracy and reasonableness. Our review includes analysis of trend, credibility, lapse rates, durational factors, area factors, claim cost, loss ratios, and all other relevant components of the rate filing. For example, each ACA filing, whether a new filing or a rate revision, will be reviewed and analyzed to ensure that it meets ACA regulations and the TDCI requirements. These requirements include the *Part 154-Health Insurance Issuer Rate Increases: Disclosure and Review, Part I Unified Rate Review Template, Part III Actuarial Memorandum*, Actuarial Certifications, rate schedules/manuals, tables, binders and templates. The Actuarial Memorandum, including the projection assumptions and experience will be reviewed to ensure that they contain the complete justification for the submitted rates. INS will review and analyze the pricing methodologies and assumptions, including the above-stated, as well as morbidity, mortality, expenses, risk margin/profit/surplus, ACA fees, (including fees for reinsurance, risk corridors, and risk adjustment), actuarial value, medical loss ratios, etc. All of this work will be completed on a professional, courteous basis with no conflicts of interest. We will be available for oral expert testimony as we have provided testimony for several insurance departments.

INS has a distinct advantage over our competitors because we only work for regulatory agencies (state insurance departments, Federal Government, etc.), and not for issuers. INS never has a conflict of interest regarding any actuarial work performed. This is an important difference between INS and other companies who contract with insurance departments but also work for issuers. INS is never disqualified from any work because our only clients are regulatory agencies. This point is critical, as it leads to a more trusting relationship between our regulator partners and INS. Our regulatory partners are very comfortable asking INS for our opinion on the nuances of specific regulations, including ACA, as well as which path other states are taking in interpreting these regulations. This exclusivity to regulators also allows INS' team to constantly keep its

pulse on the regulatory environment without distraction from private sector engagements. We are in constant contact with our regulatory partners, and are available whenever any state insurance department needs immediate help - whether a filing needs to be reviewed now or whether there is an ACA issue or question which requires a quick response. It is indeed an important difference that sets INS apart.

INS will also assist the TDCI with any other services, special reviews, and other analysis of life and health related products, as requested. INS has participated in a number of insurance department rate hearings, and has presented reports and analysis at these hearings. INS is adept at preparing and presenting reports on all actuarial issues, and is well qualified to appear before judicial, legislative, executive, and other bodies to respond to questions of an actuarial nature. INS will present all actuarial reports, findings, and conclusions first to the TDCI in order that these may be discussed, with all recommended changes agreed upon before final acceptance.

INS remains committed to maintaining our professional relationship with the TDCI. Services will be performed at the offices of the TDCI or at the discretion of the state, other offices specified by the Director. This will ensure the efficiency, completeness, and thoroughness of the rate filing process. INS will be on-site at the TDCI for the time required to complete all rate filings and any other TDCI requests. INS recognizes the importance of good communication among all parties, and regular face-to-face meetings will ensure that the goals of a high level rate filing process at a relatively low cost are met to the TDCI's satisfaction.

As the TDCI's rate filing reviewer since February, 2012, INS understands the importance of completing rate reviews/projects within the required timeframes. When INS first partnered with the TDCI, there was a substantial backlog of work to be reduced in a short period of time. Within a few months, INS had lowered the number of open rate filings substantially. For the very few remaining open filings, INS is awaiting issuer responses to our objections. We will continue the same high standards of timeliness and completeness for each and every rate filing.

INS actuaries have the ability to effectively manage multiple rate filing reviews without compromising the quality of our work product. All INS actuaries are members of the AAA, and meet the American Academy of Actuaries Qualification Standards for public service actuaries issuing Statements of Actuarial Opinion in the health area of actuarial practice. Historically, INS has completed the rate review process in very tight timeframes. Therefore, we are very flexible in this regard, and have the capacity to implement any TDCI requirements and /or requests.

INS has established an organized tracking system to ensure all rate filings and projects are finished in the specified time period. As with all states, we are able to deliver rate filing reviews and special projects on time due to the work of our experienced, knowledgeable actuarial staff. Additionally, we have the INS status report which provides clear and concise information regarding the status of all filing reviews and

projects. The status report is reviewed on a daily basis by the supervising actuary in order to make sure we are on track to meet our deadlines.

As described above, the detailed INS review process is designed to determine if the entire filing is in compliance with all applicable Tennessee and federal requirements; and also that the premium rates are reasonable in relation to the benefits provided, and are not excessive, inadequate or unfairly discriminatory.

- C3. INS Consultants, Inc. understands the importance of the timely completion of all rate filing reviews and the need to establish processes to ensure that every rate filing review is completed on time.

With respect to this, INS systematically manages all of its projects through a robust quality control review and project oversight process that ensures that the engagement will be completed professionally, efficiently, effectively, and within budgeted guidelines. Deliverables are put through a demanding quality control process to ensure quality, accuracy, and completeness.

INS will assign a supervising/co-lead actuary, Arthur Lucker, FSA, MAAA, and a co-lead actuary, Joseph Brennan, FSA, MAAA, to manage all projects. Services will be performed at the offices of the TDCI or at the discretion of the state, other offices specified by the Director. This will ensure that all rate filings and TDCI requests are completed within the desired time and cost constraints. In the unlikely event that either co-lead actuary is not available to visit the TDCI, the supervising actuary will assign an assistant lead actuary to travel to the TDCI to work on all projects. The assistant lead actuary will perform the lead actuary's duties, reviewing the rate filing and meeting any of the TDCI's other needs. Each on-site actuary will ensure that high quality standards and objectives are consistently met.

The key to effective management of any project is to have processes in place to encourage open and honest communication between INS' co-lead actuaries and the TDCI. Our lead actuary will provide a weekly status report detailing work assignments, and providing a brief description of the work; including the date assigned, completion date, and any other relevant information. The status report also includes estimated rate filing completeness percentages and dates, any issues that have been encountered, the status or resolution of each issue, and any other relevant information that contributes to the successful completion of the rate filing review. Our status report will meet the TDCI's needs and requirements in format and content. INS will conduct weekly on-site meetings with TDCI personnel to discuss all aspects of the various work assignments.

INS has demonstrated since the inception of our relationship with the TDCI in 2012 that we will complete every rate filing within a relatively short period of time, and within the Tennessee time-frame of thirty days for completion. There have been no issues with the timeliness, completeness, or accuracy of any TDCI rate filing since the inception of INS' work. INS will maintain our high standards of work and quality for the duration of this contract.

As demonstrated in our responses included previously, our professionals have the education, experience, and technical ability to perform, manage, and complete all of the required services under this contract within the required timeframe.

The proposed work plan is shown below. Please note that discussions with the TDCI will occur in the beginning of the engagement, to ensure that all parties are in agreement with the proposed work plan. We will perform initial reviews of assignments within two (2) business days of receipt of the filing. All analyses and action plans will be submitted to the State Project Manager.

- 1) Work assignments received from the State Project Manager via e-mail and/or SERFF (please note all INS actuaries use SERFF on a daily basis), depending on the TDCI's preference. INS will work with the TDCI to ensure all rate filings completely meet federal and Tennessee standards.
- 2) Co-lead Actuary will then:
 - a) Log filing into main status list which includes date assigned, billable hours, narrative describing current status, references to applicable rule or law, etc.
 - b) Create sub-directory on INS "T" drive for company and filing number.
 - c) Copy everything into newly created directory.
 - d) Co-lead Actuary will assign work to Staff actuary.
- 3) Rate Filings:
 - a) Work commences no later than 1 calendar day from receipt of filing. (Timeliness)
 - b) Use INS Checklists which will be confirmed by the TDCI to make sure all items are provided by the company. (Completeness)
 - c) Detail review and analysis of all Checklist items.
 - d) Review entire filing with detailed review of the Actuarial Memorandum, the Actuarial Certifications, the Part I Unified Rate Review Template, and the Part III Actuarial Memorandum.
 - e) Extensive review and analysis of all assumptions – trend, morbidity, market reforms, Affordable Care Act fees, reinsurance, risk corridors, and risk adjustment, actuarial value, etc.
 - f) Check compliance with Tennessee rate filing Laws and Regulations, federal laws, and ACA, including new market reforms.
 - g) Perform independent calculations.
 - h) If needed, create objection memo and send to the TDCI and company, after first discussing proper preferred procedures with the TDCI.
 - i) Continue review upon receipt of objection response.
 - j) Discuss our review and analysis with the State Project Manager. Participate in meetings regarding assigned filings. (Communication Skills)
 - k) Create memorandum for the TDCI, detailing work performed and findings, including required information, such as URRT review in actuarial equivalency review and actuarial value determination. (Accuracy)
 - l) Peer review is performed by Co-lead Actuary.

- m) Update INS status report, including reasonable billable hours, for the TDCI to review.
- 4) All work for particular filing (memos, e-mails, spreadsheets, etc.) kept in sub-directory from above.
- 5) Periodic updates to main status list by Co-lead Actuary.
- 6) Log result (approval, disapproval, modification) into main status list by Co-lead Actuary upon completion.
- 7) Send status report of open filings/completed filings to the TDCI contact person.
- 8) Other work plan items:
 - a) Participate in TDCI training.
 - b) Participate in rate hearings. INS has participated in numerous rate hearings for the Delaware Department of Insurance, among others.
- 9) Only accredited actuarial staff will be assigned to rate filing reviews.
- 10) All rate filing reviews will be finished within thirty days (unless delayed by inadequate company responses to objections).